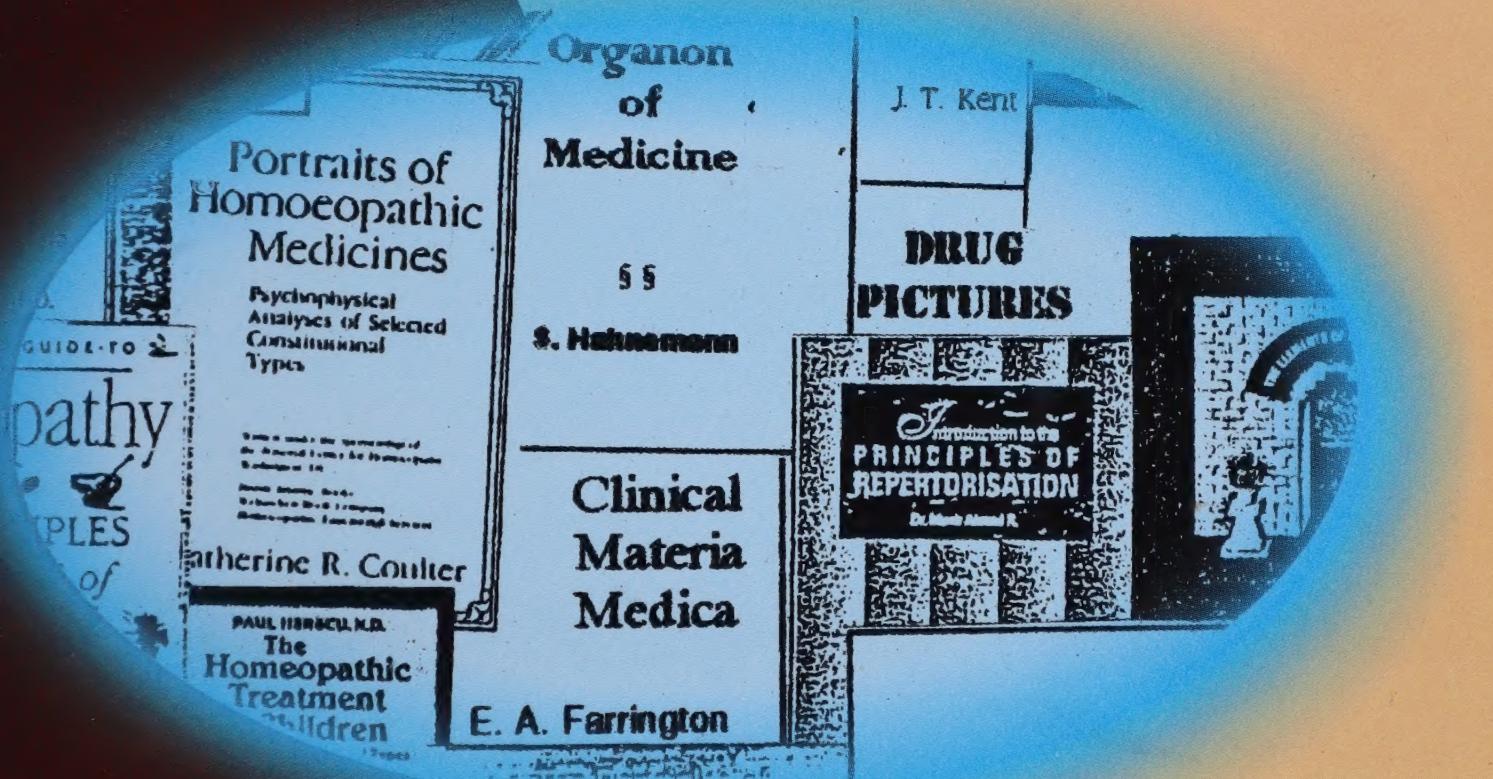


DYNAMISING HOMOEOPATHIC EDUCATION



Homoeopathic Medical Association of India
Karnataka State Branch
Teachers' Wing



Join
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Homoeopathic Medical Association of India Karnataka State Branch

The Karnataka State Branch of the Homoeopathic Medical Association of India has demonstrated its competence to represent the needs of the homoeopathic fraternity in the State of Karnataka.

Our Objectives & Achievements

- ★ Strengthening the organisational structure by opening units all over the state.
- ★ Conducted seven National & State level seminars, which were appreciated by all the participants.
- ★ Conducting awareness campaigns to popularise homoeopathy among general public.
- ★ Striving to get more patronage from the government for creating more jobs for homoeopathic doctors.
- ★ Conducting free camps and clinics all over the state.
- ★ Organising monthly clinical meeting every 3rd Sunday as part of Continuing Medical Education Programme.
- ★ Publishing a monthly newsletter - Homoeopathic Forum to disseminate information to the homoeopathic fraternity free of cost.
- ★ Starting of a Tea homoeopathic ins
- ★ Starting of a Gov ordinate the stati treatment.

Stand 1

Dr. M.R. Srivats
President

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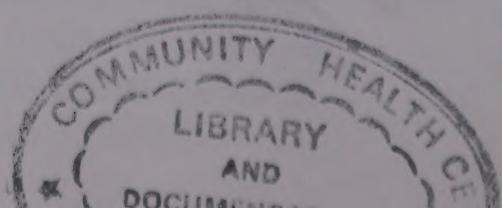


Dr. Samuel Hahnemann
the first teacher of
Homoeopathy

of Battalions

Volume 3 no 1
10 October 1943
Village Column

DR 435
03143 P00



DYNAMISING HOMOEOPATHIC EDUCATION

*an insight into the key success factors adding
the quality dimension in Homoeopathic Education*

**The Souvenir of
All India Homoeopathic Teachers' Seminar
Bangalore**

12th & 13th February 2000

Organised by

**Homoeopathic Medical Association of India
Karnataka State Branch
Teachers' Wing**

Published by :

Teachers' Wing of Homoeopathic Medical Association of India
Karnataka State Branch.

February 2000

Communication :

Dr. Munir Ahmed R.

Organising Secretary

All India Homoeopathic Teachers' Seminar

403, 38th 'A' Cross, 26th Main

9th Block, Jayanagar

Bangalore - 560 069. INDIA

E-mail : aihts2000@hotmail.com

Disclaimer : Though utmost care is taken while proof reading the errors, if any may be pardoned. The views expressed in the articles belong to the authors themselves. The editor is not responsible for any of these views or claims wherever they be found in the Souvenir.

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Inside the Souvenir

Programme list of All India Homoeopathic Teachers Seminar

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Report by the General Secretary of Homoeopathic Medical Association of India, Karnataka State Branch

Homoeopathic Medical Association of India - Central Office Bearers

Homoeopathic Medical Association of India, Karnataka State Branch - Office Bearers

Homoeopathic Medical Association of India Karnataka State Branch - Teachers' Wing Office Bearers

All India Homoeopathic Teachers' Seminar - Team

Dynamising Homoeopathic Education

Advertisement Section

ALL INDIA HOMOEOPATHIC TEACHERS' SEMINAR

Programme

12 - 02 - 2000

12.30 pm to 2.00 pm :

An Overview of Homoeopathic Medical Education in India -

Dr. Lalith Verma, Secretary, Central Council of Homoeopathy, New Delhi

Homoeopathic Medical Education - our strategy for the future -

Dr. Eswara Das, Deputy Advisor (Homoeo) Govt. of India

3.00 pm to 4.30 pm :

Perspectives in Medical Education -

Dr. Ravi Narayan, Medical Education Researcher, Community Health Cell, Bangalore

Curriculum Development -

Dr. D.K. Srinivasa, Advisor, Rajiv Gandhi University of Health Sciences, Bangalore

4.30 pm to 6.00 pm :

Organising the Teaching Programme -

Dr. Bilquis Fatima, Chairperson, Department of Education, Bangalore University, Total Quality Management in Homoeopathic Education -

Dr. Munir Ahmed R, Assistant Professor, Govt. Homoeo Medical College, Bangalore

6.30 pm to 8.00 pm :

Dynamics of Student - Teacher Interaction -

Dr. Ali Khwaja, Director, Banjara Academy, Bangalore

Principles of Educational Management -

Dr. C.M. Francis, Consultant, Community Health Cell, Bangalore

13 - 02 - 2000

9.30 am to 11.00 am :

Teaching Anatomy at UG Level - Teaching through Internet -

Dr. V. Balasubramanyam, Associate Professor, St. John's Medical College Bangalore.

Teaching Physiology at UG Level -

Dr. Ramachandra Rao, Professor, M.S. Ramaiah Medical College, Bangalore

11.30 a.m. to 1.30 pm :

Teaching Pharmacy at UG Level -

Dr. A.K. Mishra, Professor, Dr. A.C. Homoeo Medical College, Bhubaneshwar

Teaching OB & G at UG Level -

Dr. Shivaprasad, Reader, Fr. Muller's Homoeo Medical College, Mangalore.

Teaching Clinical Medicine at UG Level -

Dr. P.K. Sudhir, Dean V.M. Homoeopathic Medical College Salem

Co-ordinator :

Dr. Abdurahiman T, Professor, Govt. Homoeopathic Medical College, Calicut

2.30 pm to 4.30 pm :

Teaching Organon at UG Level -

Dr. Mahendra Singh, Chairman, Education Committee, CCH

Teaching Materia Medica at UG Level -

Dr. N.S. Prashanth, Principal, Govt. Homoeo Medical College, Cuddapah

Teaching Repertory at UG Level -

Dr. D.P. Rastogi, Former Director, CCRH, New Delhi

Co-ordinator :

Dr. M.P. Arya, Former Principal, D.S. Homoeopathic Medical College, Pune

5.00 pm to 6.00 pm :

Evaluation Session -

Dr. S.P.S. Bakshi, President, Central Council of Homoeopathy, New Delhi

विशेष कार्य प्रधिकारी
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No. F. 2 - M / 99

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नई दिल्ली - 110 004.
President's Secretariat,
Rashtrapati Bhavan,
New Delhi - 110004.

27th December, 1999

MESSAGE

Dear Dr. Ahmed,

The President of India, Shri K.R. Narayanan, is happy to know that the Teachers' Wing of the Homoeopathic Medical Association of India - Karnataka Chapter is organising the All India Homoeopathic Teachers' Seminar on 12th and 13th February, 2000 at Bangalore.

The President extends his warm greetings and felicitations to the participants and the organisers and wishes the Seminar all success.

With regards,

Yours sincerely,

(S.N. Sahu)

Dr. Munir Ahmed B.,
Organising Secretary - AIHTS - 2000,
403, 38th 'A' Cross,
26th Main, 9th Block,
Jayanagar, Bangalore - 560 069.



**RAJ BHAVAN
BANGALORE**

February 9, 2000

MESSAGE

I am happy to know that the Teachers' Wing of the Homoeopathic Medical Association of India - Karnataka Branch is organising the All India Homoeopathic Teachers' Seminar at Bangalore during this month.

I hope the seminar will foster a commitment to quality teaching among the teachers in the Homoeopathic Colleges and the deliberations will benefit the teachers.

On this occasion I extend my warm greetings to the office bearers, members and the delegates and wish the seminar all success.

(V.S. RAMA DEVI)

Shri S.M. Krishna

Hon'ble Chief Minister
Government of Karnataka
Bangalore.

(Received through E-mail)

MESSAGE

Dear Munir,

I am glad that the Teachers' Wing of the Homoeopathic Medical Association of India have decided to organise this seminar. All the very best. I hope something worthwhile will come out from all the brainstorming. Homoeopathy being one of the oldest form of Indian medicine, it will make big difference to the multitudes of poor people in India, if you could find some solutions or remedies for diseases like AIDS, Blood Cancer etc. .

Warm regards,

S.M. KRISHNA

Dr. A.B. MAALAKA RADDY
MINISTER FOR HEALTH &
FAMILY WELFARE

No. MHFW/M/548/99-2000

TELEPHONE : OFF : 2257285
RES : 2257602

VIDHANA SOUDHA, BANGALORE - 1

MESSAGE

I am extremely happy to learn that All India Homoeopathic Teachers' Seminar is conducted on 12th of February 2000 at Bangalore.

I am aware of the laudable work done by the Homoeopathic Medical Association of India. The Association is serving among teachers through quality teaching in homoeopathic colleges through various Education and Service oriented projects.

I wish the Seminar all the success.

(Dr. A.B. MAALAKA RADDY)

Mrs. Nafees Fazal

MINISTER OF STATE FOR
MEDICAL EDUCATION

TELEPHONE : OFF : 2269128
2092390
RES : 5471441

VIDHANA SOUDHA, BANGALORE - 1

No. MME / 541 / 99

DATED 28 - 12 - 99

MESSAGE

It gives me great pleasure to know that All India - Homoeopathic Teachers' Seminar will be held on 12th and 13th of February 2000 at Bangalore under the auspices of the Homoeopathic Medical Association of India, Karnataka Branch.

I commend the initiative of the Karnataka Branch of the Homoeopathic Association of India in organising this proposed seminar mainly to foster a commitment to quality teaching among the Teachers in Homoeopathic Colleges. I also agree with the views of the Association that it is essential to ensure Homoeopathic Education reaches the highest professional standards and the need to promote Homoeopathic Education and enhance the teaching potential of the individual teachers.

I am sure the proposed seminar would provide an opportunity to the teachers to gain knowledge of the latest and most effective teaching methods in the Homoeopathic education.

I wish the proposed seminar a success and looking forward to the outcome of your deliberations.

(Nafees Fazal)

Dr. R. Munir Ahmed,
Organising Secretary,
All India Homoeopathic Teachers' Seminar
403, 38th 'A' Cross, 26th Main, 9th Block
Jayanagar, Bangalore - 560 069.

केन्द्रीय होमियोपैथी परिषद्
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		5614971	610
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Fax	:	011-5622906	

No. 14-6/96-CCH (Pt.I)

Dated 12-1-2000

MESSAGE

I am happy to learn that atleast an Association like HMAI, which has a national image, took a decision to form its Teachers' Wing. Its further appreciable that Karnataka Branch of the Teachers' Wing has moved ahead to conduct an All India Level Teachers' Seminar which was badly required. The Souvenir to be released at this occasion will be helpful in dissemination of information.

I trust that the teaching faculties of all Homoeopathic Colleges will participate in the deleberations and guide Central Council too for upliftment of the education standards.

I wish the organisers all success in their endeavours.

(Dr. S.P.S. BAKSHI)
President

॥ सर्वे भवन्तु सुखिनः सर्वे सन्तु निरामयाः ॥

डा. समजी सिंह

Dr. Ramjee Singh

B.Sc., D.H.M.S. (PAT)

Vice-Chairman Central Council of Homoeopathy
Ministry of Health
Govt. of India, New Delhi.

PRESIDENT

Homoeopathic Medical Assoc. of India
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Message

I am glad to learn that the Homoeopathic Medical Association of India Karnataka State Branch Teacher's Wing is organising the All India Homoeopathic Teacher's Seminar at Bangalore on 12th and 13th February 2000.

Homoeopathic Education has to be made more clinical, oriented while maintaining the main Philosophy. Emphasis is needed to develop confidence among students which can be acquired only out of the experience Teaching Staff.

I wish all the best wishes for success of Seminar.

(Dr. RAMJEE SINGH)

Dr. Munir Ahmed R
Organising Secretary
AIHTS - 2000
403, 38th 'A' Cross, 26th Main
9th Block, Jayanagar
BANGALORE - 560 069.

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Vice Chancellor

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6658569 (Fax)
drcshetty@hotmail.com
Res. : Telefax : 3330954

No. PS/135/99-2000

24th December 1999

MESSAGE

It gives me great pleasure to note that the Teachers' Wing of the Homoeopathic Medical Association of India, Karnataka State Branch is organising the All India Homoeopathic Teachers' Seminar on 12th and 13th February 2000 at Bangalore.

I hope the participants will deliberate on the vital topics such as quality teaching, Research etc. which will have an impact on future generation.

I wish the seminar a grand success.

Dr. S. CHANDRASHEKAR SHETTY
VICE-CHANCELLOR

Dr. Munir Ahmed R.
Organising Secretary
All India Homoeopathic Teachers' Seminar
Bangalore.

इन्दिरा गांधी राष्ट्रीय मुक्त विश्वविद्यालय

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Internet : ignouvc@del1.vsnl.net.in, FAX : 91-116865933, 6524229

Prof. Abdul W. Khan

Vice-Chancellor

VC/M-1/99

December 30, 1999

MESSAGE

Homoeopathy is widely recognised as a prominent healing tradition system of medicine across the world. I am happy to note that the Karnataka State Branch of the Homoeopathic Medical Association of India is bringing together experienced teachers and educational administrators for the All India Homoeopathic Teachers' Seminar. I wish the Seminar all success.

Yours sincerely,

(Abdul W. Khan)

Dr. Munir Ahmed R
Organizing Secretary
All India Homoeopathic Teachers' Seminar
403, 38th A Cross, 26th Main
9th Block, Jayanagar
Bangalore - 560 069.

FOREWORD

It is a matter of honour and pride that the Homoeopathic Medical Association of India, Karnataka State Branch, Teachers' Wing is organising the All India Homoeopathic Teachers' Seminar. Teaching is a noble profession. Its nobility stems from the fact that civilization relies on the teacher in every form to provide direction for the future. The success of a civilization's future, thus depends on the kind of teachers it has.

The same is true for homoeopathic system also. We have survived as a system of therapy mainly because of the integrity and hardwork of our past teachers - the pillars of homoeopathy worldwide. It is incumbent upon us, the present teachers to imbibe the modern technologies that are emerging in the field of higher education to continue this process of growth and improvement.

It is hoped that this seminar will act as a spring board for disseminating the awareness of quality teaching in Homoeopathy.

Dr. V.V. Vernekar

Chairman - Organising Committee
All India Homoeopathic Teachers' Seminar

P R E F A C E

It is my privilege to write preface to *Dynamising Homoeopathic Education* brought out as the souvenir of the All India Homoeopathic Teachers' Seminar by Teachers' Wing of the Homoeopathic Medical Association of India, Karnataka State Branch.

The constitution of the Teachers' Wing of the Homoeopathic Medical Association of India, Karnataka State Branch is a positive and a progressive step that aims to usher in an era of reflective practice on the part of teachers to improve the learning potential of their students. I am thankful to all the teachers of homoeopathic colleges in our state to have supported this move. It is doubly commendable that the Teachers' Wing of the Homoeopathic Medical Association of India, Karnataka State Branch has organised the first ever Teachers' Seminar. It is hoped that the message from here is carried to all the situations of teaching - learning activity to make it more meaningful.

It is a known fact that the educational institutions play a decisive and formative role in shaping the future of a society. The goals that they set, the ideals they practice and the objectives they achieve determine the quality of future society. This axiom is true for the homoeopathic context also. Though the importance of institutional education in improving the quality of homoeopathic practice is well known, it is a matter of distress that necessary measures are so far not attempted to ameliorate this situation. I don't deny that there are some notable individual efforts in this direction. Unless such efforts are made collectively by a committed group over an extensive range and period, they fall prey to fatigue and disillusionment. The need of hour is to avoid the pitfalls of disillusionment and overcome fatigue. These can be achieved by organising the teachers as a professionally committed, goal specific and objective oriented group.

The existing situation demands that the teachers in homoeopathic colleges stand united to face the challenges of today and set a vision for the future : a vision, which encompasses the pristine nobility of Hahnemann's ideals with the pragmatic bratsacks of the societal needs. The projected objectives of this wing advance towards realising this vision. Therefore, it is essential that all the teachers of homoeopathic colleges unite to support these objectives.

The intention of this seminar is to focus on the key success factors shaping the success of teachers in the academic perspective. It aims to uncover the secrets of teaching better. This seminar is targeted towards all career conscious and committed teachers, as also towards those who aspire for a teaching career. The success of this seminar will be measured in terms of the awareness of the principles of Higher Education it could generate among those who participated in it and also among those who could not due to various reasons. We intend to organise such events at both the regional and national levels to keep the flame burning and the brightness lighting up the portals of learning.

This souvenir contains the papers presented during the deliberations of the All India Homoeopathic Teachers' Seminar at Bangalore on 12th & 13th of February 2000. The topics were carefully selected to anchor strong and purposeful foundations to the awareness that we desired to create among teachers in homoeopathic field with reference to the principles of Higher Education. The speakers were selected considering the innovation and commitment they have shown in improving the quality of education. It is hoped that these presentations will find favour with the teachers for all time to come and will serve as precursors for continued pursuit of excellence both at the individual and the collective levels.

Dr. Munir Ahmed R

Progress and achievements of HMAI - KSB

Report by General Secretary, HMAI-KSB

The past decade has seen a proactive involvement of HMAI-KSB in the development and promotion of Homoeopathy in the state of Karnataka. The association has shown its versatility by committing its human and infrastructural resources to all the spheres of society - improving public awareness, creating job opportunities, achieving a firm organisational structure and promoting quality education. Organising the All India Homoeopathic Teachers' Seminar is a further example of this commitment.

Our trackrecord is a saga of success and achievement. We have so far successfully organised several national and state level seminars & conferences, including the XI All India Homoeopathic Congress in 1998. Participants' satisfaction has been the hallmark of these events. These Seminars are remembered for the learning value they offered. A similar effort is being made on a continuous basis in the monthly clinical meetings which are held on the third Sunday of every month. These are organised in the spirit of the Continuing Medical Education Programme. We are also publishing a monthly newsletter - Homoeopathic Forum to keep the homoeopathic profession informed of the professional developments taking place the world over.

Homoeopathy is growing in the popularity ratings across the globe. This needs to be sustained in the right direction. In this regard we conduct public awareness campaigns to educate the general public regarding the benefits of homoeopathy. It is our desire that the benefits homoeopathy reach even to the poorest of the society. Therefore we have been conducting free homoeopathic camps & clinics all over the state. We are striving to get more patronage for homoeopathy in the state by requesting the government to open more dispensaries in the public health centres all over the state. We have also requested the Government to start homoeopathic wards in all the Taluk and District level Hospitals in the state. Our demands for a homoeopathic doctor to hold the post of Registrar of the Karnataka Homoeopathic Board and to fill the post of Deputy Director (Homoeopathy) in the Directorate of Indian Systems of Medicine and Homoeopathy

in the State of Karnataka are fulfilled. Our aim is to have a separate Directorate for Homoeopathy in the State. We have also demanded for a homoeopathic doctor to hold the post of Drug Inspector for Homoeopathy and are in the process of realising it.



Inauguration of Teachers' Wing and Government Homoeopathic Medical Officers' Wing of HMAI - KSB : Ms. Nafis Fazal, Minister of State for Medical Education, Govt. of Karnataka inaugurates. Seems from L to R Dr. M.R. Srivatsan, President HMAI-KSB; Dr. Shanthakumari, Deputy Director (Homoeo); Dr. Veerabramhachary, President, Karnataka Homoeopathic Board and Dr. S.M. Angadi, Director Indian Systems of Medicine and Homoeopathy.

All these efforts need a strong organisational structure. For the first time in the history of the state we have units of HMAI across the state. We have also started a Teachers' Wing, a unique feature in the history of HMAI. It is aimed to improve the standards of homoeopathic education through the Teachers' Wing. We have also started a Government Homoeopathic Medical Officers' Wing to organise the homoeopathic doctors in state government service to provide better services.

These efforts are recognised by the government and people alike, which are evident by the fact that the President of HMAI-KSB Dr. M.R. Srivatsan got elected to the Central Council of Homoeopathy from the State, the entire HMAI supported candidates got elected to the State Homoeopathic Board, and Dr. Veerabramhachary the General Secretary was nominated to the Central Council of Homoeopathy by the Union Government.

These success have spurred us to achieve more and contribute more to the development of homoeopathy in the state.

Dr. Veerabramhachary

THE HOMOEOPATHIC MEDICAL ASSOCIATION OF INDIA

(Registered under the SR Act XXI of 1860, Regd No. S/8418)

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THE HOMOEOPATHIC MEDICAL ASSOCIATION OF INIDA
KARNATAKA STATE BRANCH

Teachers' Wing

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All India Homoeopathic Teachers' Seminar, Bangalore

Organised by
The Homoeopathic Medical Association of India
Karnataka State Branch
Teachers' Wing

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President, HMAI - KSB

Dr. Z.M.L. Hasan
Jt. Sec. Gen. (Aca), HMAI

Dr. Veerabramhachary
Gen. Sec, HMAI - KSB

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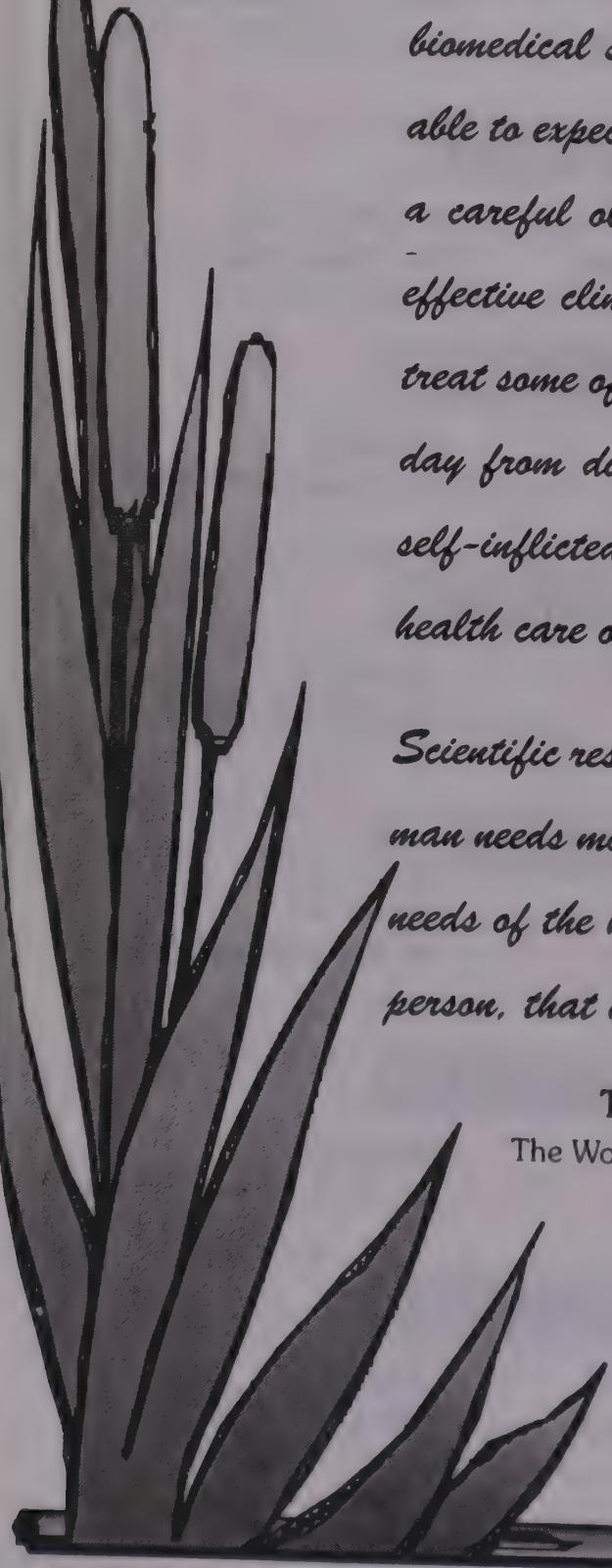
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"The aim of medical education is to produce doctors who will promote the health of all people, and that aim is not being realised in many places, despite the enormous progress that is made during this century in the biomedical sciences. The individual patient should be able to expect a doctor trained as an attentive listener, a careful observer, a sensitive communicator and an effective clinician; but it is no longer enough only to treat some of the sick. Thousands suffer and die every day from diseases which are preventable, curable or self-inflicted, and millions have no ready access to health care of any kind....

Scientific research continues to bring rich rewards; but man needs more than science alone, and it is the health needs of the human race as a whole, and of the whole person, that medical educators must affirm"

The Edinburgh Declaration

The World Conference on Medical Education 1988

DYNAMISING HOMOEOPATHIC EDUCATION

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Editor's Note

This book is an offering of commitment to add the quality dimension to homoeopathic education. The articles printed here attempt to begin the process of creating awareness regarding the application of principles of higher education in homoeopathic context.

The contributors to this section are acknowledged as competent in their fields of specialisation. It is hoped that their efforts will be appreciated by the homoeopathic teaching community for their own progress.

Dr. Munir Ahmed R

An overview of Homoeopathic Medical Education in India

Dr. Lalith Verma*

Strengthening of any system depends upon introspection and review by the planners and executors as well as followers thereof. Review does not mean only negativity nor it means total and only positivity. There has to be a balance and realistic approach with all possible caution and care.

If age and history of medicinal systems available is compared, then possibly Homoeopathy is the youngest and quoting it as a teenager, may not be misnomer. It is perhaps the right time to lay down the further steps of growth for this teenager to become a matured and respectable i.e.; Homoeopathy becomes a more caring and result oriented system.

Homoeopathy, in India was introduced in the lifetime of Dr. Samuel Hahnemann and afterwards it has become a settled system of medicine here but still to say that it has become our native medicine, may be incorrect, and, it may be due to following reasons -

- Lack of due exposure on media
- Lack of due funding
- Lack of having one and only one parent Association of profession at National level.
- Lack of involvement of profession in various Health Programmes.
- Lack of effective teaching & training.
- Lack of sharing our experiences - in particular failures.

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- Lack of record - keeping and statistics.
- Over-indulgence in high claims without scientific and statistical backing.
- lack of encouragement of open minded discussions.

Homoeopathic Medical Colleges started settling in 19th Century and Calcutta in particular has been known in history of Homoeopathy in India. Calcutta and Homoeopathy have been the contemporary to each other. Bengalis have Homoeopathy in their blood. The border states of West Bengal like Bihar and U.P. too have a wide followers of Homoeopathy. This may be the reason that the only National Institute of Homoeopathy under the patronage of Central Govt. was established at Calcutta.

However as a matter of history Homoeopathy started from Germany and it moved to America but than settled in India; likewise Homoeopathy, in last 15 years of time, started to settle and develop in Southern States of Kerala and Andhra Pradesh instead of Bengal. In these southern States it is more of institutional qualified doctors of Homoeopathy whereas in Bengal, U.P. and Bihar it was propagated by experience based doctors. Govt. of Kerala as well as Andhra Pradesh too extended their support whereas in Bengal and Bihar it started collapsing for want of desired Govt. support. The enthusiasm among professionals has also been very limited so far as financial resources are concerned.

Following is the statistical figures of number of Colleges of Homoeopathy in India -

1981	-	120
1982	-	117
1983	-	116
1984	-	116
1985	-	112
1986	-	97
1987	-	96
1990	-	94
1991	-	95
1992	-	98
1993	-	97
1994	-	90
1995	-	98
1996	-	109
1997	-	115
1998	-	127
1999	-	141

The constitution of Central Council of Homoeopathy in 1974 by Govt. of India has definitely set in a direction of legalised and uniform pattern of medical education and practice in Homoeopathy. 1983 had been the important year when the Central Council, after threadbare discussions, came out to implement its Educational Regulations namely Homoeopathy (Diploma Course) Regulations; Homoeopathy (Degree Course) Regulations; Homoeopathy (Graded Degree Course) Regulations and Homoeopathy (Minimum Standards of Education) Regulations, offcourse with prior sanction of Central Govt. The courses now have the common duration of study, syllabi and curriculum, examinations, staff pattern, nomenclature and qualification. From 1989 onwards, we have P.G. level degree course education in Homoeopathy in selected few colleges.

But whether we are satisfied now with such spreadout of institutions of Homoeopathy, is the core point to my mind; to which I say partially yes and partially no.

Why partially 'yes', because atleast from 1983 onwards we have Central Regulations to bring uniformity in the pattern of education. There is an identified Central body to respond to the Profession and public. Representatives of profession and Universities are there in Central Council to have a democratic way of resolving the various issues. The constant efforts of making rapport with Central Govt., State Govts., Universities, Boards and Institutions by the Central Council are there to ensure all the best in the present circumstances.

However, partially 'No' I said, as every one want every thing from Central Council without activating himself, without bothering himself. With due apology, general standards of education are going down, why - ? Because majority of us do not want to work by heart; work is done only if some one stands with a stick or rule. It is common to hear why Colleges require this much teaching staff as laid down by the Council as a Professor has to deliver 1 or at the maximum 2 lectures per week or the lecturer will take hardly five or six classes per week and what they will do the rest of day; do nothing but politicise. If we see there are lot of grey areas for teachers viz... self preparation for taking classes, attending departments, maintenance of departmental records/library, maintenance of internal assessment records, symposium, inter and intra-departmental meetings, field visits, writing of research articles, clinical work etc. The Head of the Departments in consultation with concerned faculty must draw teaching plans to ensure coverage of syllabi well in time. The teaching staff have to instill interest in the students to draw charts, to maintain practical records, clinical records and also in extracurricular activities. The teaching faculties of different Colleges atleast at State level must inter-act on all possible opportunities.

On weekends, they must plan workshops wherein all students & teaching faculty may participate and the referees be appointed to make assessments. Teaching faculty in particular of para-clinical & clinical subjects have to explore by all means the best utility of OPDs & IPDs of attached training hospitals. Intern-students have to be encouraged their full participation in all such activities. Initiatives be taken to involve internees in Drug Proving Programmes. For Research & Development work in Homoeopathy every one looks towards C.C.R.H. although no one stop the Educational Institutions to have their own

R & D Centres and such Centres must have access to each-other. The Post Graduate Centres/Colleges in Homoeopathy atleast come forward to establish their own R&D Centres.

The future of Homoeopathy is in the hands of teaching faculty, the saplings have to be nurtured by you people, as the students of today will be the teachers & practitioners of tomorrow. Their success will come only through the sincere efforts of teaching faculty. Let us commit ourselves for the cause of alleviation of the sufferings of humanity. ★

Differences between a Quality Institution and an Ordinary Institution

QUALITY INSTITUTION

- Customer focused
- Focus on preventing problems
- Invests in people
- Has a strategy for quality
- Treats complaints as an opportunity to learn
- Has defined the quality characteristics for all areas of the organization
- Has a quality policy and plan
- Senior management is leading quality
- The improvement process involves everybody
- A Quality Facilitator leads the improvement process
- People are seen to create quality -creativity is encouraged
- Is clear about roles and responsibilities
- Has clear evaluation strategies
- Sees quality as a means to improve customer satisfaction
- Plans long-term
- Quality is seen as part of the culture
- Is developing quality in line with its own strategic imperatives
- Has a distinctive mission
- Treats colleagues as customers

ORDINARY INSTITUTION

- Focused on internal needs
- Focus on detecting problems
- Is not systematic in its approach to staff development
- Lacks a strategic quality vision
- Treats complaints as a nuisance
- Is vague about quality standards
- Has no quality plan
- The management role is seen as one of control
- Only the management team is involved
- There is no Quality Facilitator
- Procedures and rules are all important
- Is vague about roles and responsibilities
- Has no systematic evaluation strategy
- Sees quality as a means to cut costs
- Plans short-term
- Quality is seen as another and troublesome initiative
- Is examining quality to meet the demands of external agencies
- Has no distinctive mission
- Has a hierarchical culture

Source : Edward Sallis, TQM in Education

Homoeopathic Medical Education

Our Strategy for the future

Dr. Eswara Das

DEVELOPMENT OF MEDICINE AND HEALTH CARE DELIVERY SYSTEM

There is an organic relationship with medicine and social advancements. Medicine at a particular period is perceived as the development of that time with reference to religion, philosophy, economic conditions, social acceptability, governance, regulations etc. History of Medicine dates back the history of mankind. Different civilizations had their own systems of medicine. Thus, every system had a period of glory due to official patronage it enjoyed at that point of time. The practice of medicine was also based on the culture and religion. Thus medicine of antiquity accepted magical cure, witchcraft, psycho religious cures, blood letting, application of leeches etc. as routine in its practice. Development of medicine could be categorized into three stages :

1. Primitive medicine : 5000 BC to 500 AD
2. Medieval medicine : 500 AD to 1500 AD
3. Scientific medicine : 1500 AD onwards

Indian medicines such as Ayurveda & Siddha, Chinese medicine, Egyptian medicine, Mesopotamian medicine, Greek medicine and Roman medicine have all contributed to the organized development of therapeutics as available today. Curative and preventive systems were distinctly classified; surgery was well practiced; hygiene and sanitation were organized and even the principle of vaccination was known in ancient health care delivery system. The steady

progress achieved by medical schools in the primitive period disappeared in middle ages by the fall of Roman Empire. The advances in knowledge and simplicity in its usage were replaced with superstitions and dogmas; and the religious fervor overtook the holistic achievements in medicine. This was the Dark Age of medicine. However, there was an upraise in Mughal/Arab Kingdoms and a new system of medicine called the Unani Tib emerged. Late seventeenth and early eighteenth century could be said to be the dawn of modern scientific development. Scientific validation of the therapeutic principle based on *Similia Similibus Curentur* occurred at this critical period. The Allopathic system made resurgence in early 1900's with an emphasis on specific, targeted therapeutic tools and modernized to scientific medicine. This made further changes in the overall concept of holistic principle of medicine. Now the health care is almost synonymous with the principles and practice of the modern medicine and emphasis is on preventive, promotive and rehabilitative aspects.

Health was considered as mere absence of sickness. The World Health Organization has defined health as a "state of complete physical, mental, social and spiritual well being which enable an individual to lead social and economically productive life and not merely an absence of disease or infirmity." Though every systems of medicine preaches the principles underlying in the above definition, it is well known fact that Homoeopathy originated with these principles and its practitioners have been practicing this in true spirit since its inception. Thus, the definition

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of WHO aptly fits into the concepts postulated in Homoeopathy. In this background, one has to look into the place and role of Homoeopathy on future health care delivery system and prepare an education model, which would bring out proficient physicians, competent teachers, inquisitive researchers, able administrators and overall responsible citizens to face the ever increasing challenges of the time.

DEVELOPMENT OF HOMOEOPATHIC EDUCATION IN INDIA

All India Homoeopathic Medical Association, which was one of the leading organizations in Homoeopathy has collected several papers on Homoeopathic education and published a compilation of it in June 1973. Possibly, this was the first time a serious attempt on matters related to homoeopathic education was made in India. Several stalwarts in the profession have contributed in consolidating clear guidelines on our education system through this publication. Simultaneously, the Homoeopathy Central Council Act, 1973 was enacted by the Government and constituted the Central Council of Homoeopathy in 1974, to maintain a Central Register of Homoeopathy and matters connected therewith.

This should be written in golden letters in the annals of the history of Homoeopathy. This is more important because such a legislative step was initiated by the Indian Government when Homoeopathy was losing its popularity in many parts of the world due to development of material medical thoughts. This is a period when attempts were made to brand Homoeopathy as quackery in countries where it remained as one of the important stream of medicine. The establishment of Central Council paved the way for organized development of the system in the country. The

visionaries of this Act envisaged that there should be uniformity in education and practice. It is important to have an introspection to take stock of things, to understand the shortfalls, find the loopholes and to take corrective measures.

The uniform education Regulations came in to force in 1983 in the country. The important amongst these regulations is the Homoeopathy (Minimum Standards of Education) Regulation 1983. The Minimum Standards of Education Regulation has the following components :

- Physical infrastructure like college building, hospital building, hostel etc.
- Teaching Faculty.
- Laboratory & Equipment
- Hospital
- Library

Homoeopathic education is now standardized in our country through educational regulations and streamlined to be at par with any other medical curriculum. The number of institutions existed before the enforcement of educational regulation was 101 in 1983. Now there are 129 medical institutions, training about 7000 doctors every year. A tabular chart showing the number of colleges, qualified doctors, hospitals, bed strength and number of dispensaries in different states in the country is as given in Table 1.

See Table No.1 at Page 6

RECOMMENDATIONS ON HOMOEOPATHIC EDUCATION

The 5th Conference of the Central Council of Health & Family Welfare held on 8-10 January, 1997 and the Conference of the State Health Ministers on ISM & Homoeopathy held on 18th February, 1997 extensively discussed the strategy to be

Table 1

Sl.No.	State	Colleges	Qualified Doctors	Hospitals	Beds	Dispens- aries
1.	Andhra Pradesh	4	6184	6	305	295
2.	Arunachal Pradesh	Nil	NA	NA	NA	28
3.	Assam	3	118	3	105	75
4.	Bihar	1	11644	1	100	181
5.	Delhi	2	2263	3	190	95
6.	Goa	1	NA	NA	NA	40
7.	Gujarat	10	3858	9	370	34
8.	Haryana	Nil	275	NA	NA	20
9.	Himachal Pradesh	Nil	103	NA	NA	14
10.	Jammu & Kashmir	Nil	NA	NA	NA	3
11.	Karnataka	9	4330	24	1470	25
12.	Kerala	4	6091	72	1440	2725
13.	Madhyapradesh	8	5689	12	590	201
14.	Maharashtra	38	25867	38	2675	NA
15.	Manipur	Nil	NA	NA	NA	9
16.	Meghalaya	Nil	12	NA	NA	5
17.	Mizoram	Nil	NA	NA	NA	1
18.	Nagaland	Nil	NA	NA	NA	2
19.	Orissa	5	2599	5	150	503
20.	Punjab	5	1764	6	150	105
21.	Rajasthan	3	1563	5	160	116
22.	Sikkim	Nil	NA	NA	NA	1
23.	Tamil Nadu	3	771	3	150	38
24.	Tripura	Nil	NA	1	20	65
25.	Uttar Pradesh	10	11460	36	339	1328
26.	West Bengal	13	22068	14	682	899
27.	U.T. Chandigarh	1	64	1	25	8
28.	Andaman & Nicobar	Nil	NA	NA	NA	NA
29.	Dadar & Nagar Haveli	Nil	NA	NA	NA	1
30.	Daman & Diu	Nil	NA	NA	NA	NA
31.	Lakshadweep	Nil	NA	NA	NA	NA
32.	Pondicherry	Nil	NA	NA	NA	NA
TOTAL		129	105940	239	8981	6817

adopted for improving the standards of education in Homoeopathy. Further, the National Convention on Homoeopathy held at Delhi on 17-18 November also observed that :

- The standard of education in Homoeopathy must be maintained without allowing deterioration or falling in any manner, which will jeopardize the good name of Homoeopathy.
- Neither seats should be increased in the existing colleges, nor the new colleges in Homoeopathy be allowed to open without going into details of requirement and need of colleges in that region/state.
- Attendance, atleast in three Reorientation / refresher course in the subject concerned should be made compulsory for promotion and or crossing EB in the scale of all teachers and suitable regulation should be made, in this regard by the CCH and approved by the Central Government. While attending these courses the teachers should be treated as on duty and should be given leave for this purpose.
- Separate admission test or separate admission procedure based on entrance examination or merit as the case may be, should be done for admission to Homoeopathic colleges. State Govt. must allocate funds and make definite provision in their budget for education in Homoeopathy. At least one Homoeopathic College be opened in those states where such colleges are not in existence today.
- A separate National Board of Homoeopathy may be constituted to oversee the Postgraduate Courses / examinations in Homoeopathy besides the universities at present. This will bring

about the uniformity of standards in the PG education.

- The PG courses in pre-clinical subjects like Anatomy, Physiology, Pharmacy; para-clinical subjects like Pathology, Forensic Medicine and Preventive and Social Medicines etc. clinical subjects/Medicine, Gynecology etc. should be introduced.

The above conferences deliberated on the present standard of the Homoeopathic institutions across the country and resolved to take effective steps to curtail mushroom growth of substandard institutions.

ISSUES CONCERNING THE HOMOEOPATHIC SYSTEM OF MEDICINE

- **Lack of leadership in the profession**

The professional bodies like Homoeopathic Medical Association of India (HMAI) have a major role to play in the development of Homoeopathy. Such bodies have a close interaction with the grassroot level practitioners, who are engaged in the propagation of the science and are facing the day to day challenges. At present, there is less coordination amongst various professional bodies on the core issues concerning the profession like Education, Research etc. On the international level, the above bodies have very less linkages with the Asian Homoeopathic League or the International Homoeopathic League to perceive as to what is happening beyond our territory.

- **Confusion about the status of Homoeopathy as a system of medicine**

Homoeopathy was brought to this country by the travellers and the missionaries from the west in the nineteen eighties. At that point, the practice of medicine in the country was different from what we see today.

Homoeopathy remained as a credible therapeutic principle inspite of several major political and scientific challenges, mainly due to its simplicity in the application of the therapeutic tools, efficacy to cure certain group of medical problems for which there is less or no cure in other systems and safety in its usage. For a medical principle to qualify as a system, it should fulfil certain basic requirements in terms of its strength in preventive, promotive and rehabilitative aspects apart from the curative capabilities. Preventive medicine is an area, which is getting more attention these days. In this direction Homoeopathy has achieved much less. In addition, there exists confusion about acceptance of recent advances in medicine. The students are not told in specific whether they can use IV fluids and other life supportive measures as a part of their medical practice. This confusion is prevalent only in India and few other countries which claim to preserve the puritan (Hahnemannian) Homoeopathy. Any advancement other than what Hahnemann has written in his Organon of medicine is not acceptable to these groups.

► Educational curriculum

The curriculum at under graduate level is overloaded with theoretical aspects of the subjects, making it less attractive to the students. It seems that there was a competition to imitate the curriculum of other disciplines without assessing as to what the country wants to produce out of the homoeopathic students. Even today, there is no standard glossary of the terminology used commonly in Homoeopathy.

► Hospital Care in Homoeopathy

Some of the chief executives in our organizations feel that there is no need to have hospitals for in patient care in homoeopathic

colleges. Such comments are the culmination of the reality that we miserably failed in capacity building in homoeopathy hospitals and understanding the true spirit of hospital care. There were few hospitals, which used to attract reasonable number of patients. Most of the good clinicians are products from these institutions got convinced with the clinical miracles of Homoeopathy. Hospitals are the centers of learning clinical medicine, pedagogic research, clinical evaluation and teaching. Without a hospital, a teaching institution in medicine is worth a library without books. The students have to learn the art and science of medicine on the patients at the bedside. They have to master the clinical skill on the patients. If we look at the definition and role of hospital, we will be convinced about its necessity : *"Hospital is defined as an integral part of a social and medical organization, the functions of which are not only curative but also preservative, promotive and rehabilitative. The out patient services of the hospital reaches to the family and its home environment. It is also a center for training the health workers and conducting medical and bio medical research".*

Functions of the hospital as conceived earlier were segregation care, custodial care and terminal care. Now as per the new concept, hospitals are responsible for prevention, promotive care, curative care, rehabilitative care, health information system process, training, research, medico legal services and individual patient care. Apart from these major functions, the hospitals are also responsible to carry out primary health care and act as a referral system, provide support to the neighbourhood community, undertake epidemiological studies and measures to control and provide training to various categories of health workers and provide diagnostic support.

► **Educational standards and the role of Central Council of Homoeopathy**

In most of the States, the admission in the Homoeopathic colleges is made through combined admission tests. We have converted the whole education system to Universities from State Boards and Councils. The quality in terms of general medical knowledge of young doctors coming out of the institutions, now, is certainly better. Though the Council could claim to have achieved uniformity in the education standards through out the country, if an analysis is made on the existing facilities in our medical institutions, based on the standards prescribed in the Minimum Standards of Education Regulation, one may not find too many institutions conforming to these standards. The conditions of some of the institutions in the country are deplorable. Lack of clinical orientation in Homoeopaths is the greatest concern to the profession today. These institutions are meant to produce true Homoeopathic practitioners, whereas what we are getting is quack Homoeopaths or half backed allopaths through homoeopathic institutions. What is prescribed in the MSE regulation is the basic minimum requirement that any teaching institution is required to be maintained as mandatory. These are neither the ideal facilities nor the only requirement. In most of the institutions, the teaching departments are inadequately staffed, the faculty is ill motivated, laboratories poorly equipped, OPD is nonfunctioning and IPD is non-existent. The minimum standards prescribed do not mention anything about the land requirement; the covered area and other physical infrastructure except certain broad guidelines. The equipment prescribed in 1983 continues to be in the list without any revision or modifications. There is no mention about the books, authors, the edition etc. for referencing. The teachers are also not re-oriented periodically. Many institutions are not

subscribing to the standard journals. The State Governments are not providing any financial assistance to the private institutions to run the hospital. The salaries of staff of some of the institutions is pathetically low. The PG education in different universities varies in course content and quality.

► **National Institute of Homoeopathy, Calcutta**

The Government of India has established a National Institute of Homoeopathy as an autonomous organization under Ministry of Health and Family Welfare in the year 1975. It was established to be a model teaching and research institute to promote the growth and all-round development of Homoeopathy. It is functioning in a building complex at Salt Lake City of Calcutta, constructed on a piece of land measuring 16 acres. The present building complex has a teaching wing and an In-Patient Wing for 100 admissions, apart from the Administrative Block and Laboratories. There is a Boys Hostel to accommodate 250 students and Girls Hostel for 50 students and a guesthouse. There is an another piece of land measuring 10 acres adjoining to this complex for the purpose of construction of residential accommodation for medical and para-medical staff. National Institute of Homoeopathy also has plan to develop its own herbarium on the land measuring 25 acres at Kalyani, which is 70 kms. away from the main complex. This vast resource available to the profession is greatly underutilized. The institution, which was, conceived to act as a nucleus to Homoeopathic education and pedagogic research needs proper direction to develop as an institution of national importance.

PRIORITY AREAS

► **Reviewing the education system**

The under graduate education may be simplified as far as possible to make it

interesting and to develop confident general physicians. It is high time to access whether the educational curriculum in Homoeopathy is drawn based on national objectives and principles of the system. A Committee of experts drawn from the Central Council of Homoeopathy, pedagogic methods, members from other statutory medical councils, UGC, retired teachers of the Homoeopathic institutions and experts associated with health planning, should review the education curriculum and standards in Homoeopathy and to suggest modification wherever needed.

► **Developing the clinical facilities in the institutions**

The State Governments may be motivated to allocate funds for the maintenance of the hospital facilities in the teaching institutions. There are about 7000 beds readily available through the 129 medical institutions across the country. These institutions have adequate staff and infrastructure. If the state governments make linkages on health care delivery system with the institutions, they can easily provide additional facilities in their endeavour of National objectives. One option is to find economic resources for adequate supply of medicine and inpatient services. In turn, these beds will be available to the state without any investment on infrastructure. It is estimated that, as per the cost evaluation in 1995, capacity addition of one hospital bed requires about four lakh rupees. That means the homoeopathic institutions could provide free beds worth 21000 lakh rupees on infrastructure investment, leave apart the recurring expenditure. By finding resources of few lakh rupees a huge economic resource of the nation could be easily saved. It is all the more important to see that at least four lakh additional beds are immediately required to

achieve the WHO standard of 1:1000, bed population ratio.

► **Post Graduate education**

Various conferences and meetings on the policy matters related to Homoeopathy have recommended to introduce P.G. studies in all subjects taught at UG level and to make PG qualification an essential requirement for teachers. Subject specialists with Postgraduate qualification should be an ideal proposition for teaching in Homoeopathic Institutions.

► **Minimum Standards of Education**

A large number of Homoeopathic Medical Colleges are not fulfilling the standards prescribed in the MSE regulation of Central Council of Homoeopathy. This has resulted in diluting the very objective for which these regulations were introduced. Unless concerted efforts are made, we would not be in a position to talk about the quality system or total quality in our education. The need of the hour is improvement in the existing condition as laid in the MSE Regulations, of our institutions through a Continuous Quality Improvement (CQI) scheme by constant monitoring and periodic evaluation.

► **Clinical training and hospital facilities**

The clinical facilities available in the Homoeopathic Medical institutions are largely poor. This makes the patients less confident to approach these centers for their health care need. We have to make serious introspection as to what went wrong in providing facility and confidence building in our hospitals. Largely, the personal opinions by top echelons in the profession are bound to confuse the institutions, which are struggling to improve the IPD services. We should desist from any such personal expressions in public and efforts to develop hospitals as centers of clinical learning through a team spirit.

► **Research and Development**

Research and Development is an integrated part of teaching institutions. This is more so correct in terms of medical institutions, which have an established hospital, attached with them. In the Homoeopathic institutions, this concept of research and development has not been largely inculcated. This has resulted in under utilization of the facilities. It is necessary that each of the college hospital should establish some specialized treatment centers and gradually develop it to be a R&D wing. The students should also be encouraged to study Research Methodology in the Clinical Research during their PG study.

► **Separate entrance examination for admission to BHMS Course**

The combined entrance test in many states have brought sea change in the public acceptance of Homoeopathic education at par with any medical discipline. But the students desirous of the system are not getting a place in this scheme. It is therefore desirable that a separate admission method to Homoeopathic institutions could be explored to provide opportunities for the interested group of students.

► **Making linkages**

The profession may invite experts from developed countries to have an interface on possible areas of co-operation and to streamline our system. This will facilitate a dialogue with those countries on the role Homoeopathy in health care delivery, R&D, education, quality maintenance of drugs etc. The Central Council may also explore the feasibility of introducing of shorter courses of training in Homoeopathy for professionals in other systems of medicine. This will expand the knowledge bank in our science, encourage more R&D and remove several misconceptions about the science.

► **Re-orientation of Teachers**

The teachers in the homoeopathic institutions should be re-oriented from time to time to make them aware of the recent advances in the science. Unless a teacher is well prepared, the quality of the teaching he could deliver will not be interesting. To deliver academic goods to the students, the teachers should have adequate knowledge of subjects as well as a reasonable amount of general knowledge.

► **Teaching qualifications**

The minimum education requirement for teachers remains degree/diploma qualifications. This criterion was good when there were no other higher qualifications available. After the introduction of postgraduate training, there is a necessity of revising this minimum requirement to PG. A sudden transition from the existing set up to the PG may not be possible due to less number of institutions conducting PG programs. It is desirable that a time schedule may be prescribed for enforcing PG as essential qualification for teachers.

CONCLUSION

There is a fast emergence of information technology. Last century has seen tremendous progress in science. New explanations and expositions have removed several myths. Progressive upgradation of knowledge and adaptation to contemporary thought is the Science. The method of communication, transfer of knowledge etc. is bound to change in our education system. Computerization, animated teaching, video conferencing, Home page etc. are already revolutionizing our education system. Classroom teaching will see changes. Laboratory investigations, diagnostic techniques etc. are becoming simplified and precise. Future of Homoeopathy is in the hand of the Homoeopaths coming out of our

institutions. They should be confident to face the needs of the profession, should have a clear perception as to what are the strengths and weaknesses, scope and limitations of our system. They should be capable to face the increasing challenges and should be able to contribute to the national goals and function like responsible citizens. He should have facility to expand his medical knowledge and clinical skills. He should be a social and community reformer. The quality of this profession could improve only by putting concerted efforts to improve the quality of education. At present, we have reasonable number of institutions. This system has grown on its own tremendously but has to face more challenges due to well-organized growth of other medical disciplines as well as due to the threats of more complex diseases. Integration of services with the areas of strength from different systems of therapeutics would be the ideal answer in curative medicine. When many of the developed systems of

therapeutics are in a dilemma on their role in curative medicine, Homoeopathy has proven results in the treatment of allergic disorders, Chronic lifestyle diseases, various pediatric problems, immune disorders etc. Teaching institutions are the ideal centers to consolidate these claims, conduct scientific validation and carryout verifications that are more clinical. The contribution of Homoeopathy in the National Health Programs should be augmented. The same is the case with RCH programs. The credibility of the system is to be validated through scientific research. Role of Homoeopathic physicians in preventive and promotive health care, RCH activities, etc. should be identified. Keeping these objectives, we have to prepare the educational curriculum. The Council should become a facilitator and trainer to the institutions in the entire exercise. Let us wish that in shaping the future health care delivery system, Homoeopathy would provide effective answer to the complex health care needs of the world.

Components of Human Resource Management

Principle

1. Leadership
Appraisal systems
Career development
Consultative procedures
Effective communication
2. Team management
Equal opportunities
policies
Evaluation procedures
Health and safety
3. Performance
management
4. Organisational
design
Welfare systems

Processes

- Appointment procedures
- Conflict management
- Counselling
- Decision-making
- Delegation
- Employees services
- Interpersonal skills
- Management of change
- Negotiating
- Industrial relations
- Job analysis
- Managing information
- Organizational development
- Record keeping
- Succession planning
- Training design

Skills / qualities

- Assertiveness
- Innovations
- Planning
- Prioritising
- Problem solving
- Stress management
- Target setting
- Time management
- Vision

Source : West-Burnham, J. "Human Resource Management in Schools"

Medical Education

CHALLENGES AND NEW GOALS

Some Reflections

Dr. Ravi Narayan*

Medical Education and its social and community orientation has been a subject for discussion and dialogue in India since the Bhore Committee Report of 1946 which exhorted medical education planners to produce '*the Physicians of tomorrow, who will naturally be concerned with the promotion of the new era of social medicine – will be scientist and social worker, ready to cooperate in team work, in close touch with the people he disinterestedly serves ... a friend and leader ... the social physician, protecting the people, and guiding them to a healthier and happier life*'.

Forty three years later the draft National Education Policy for Health Sciences, reiterated the goal of producing the "**Community Physician – a basic doctor, to effectively deliver health care to the community ... an astute clinician, a good communicator and educator, a sound administrator so as to effectively lead an ever expanding health team for positive health action ... extending to families and to communities**", Bajaj Report 1989.

All medical educators and teachers in medical colleges of Allopathy, Homeopathy, Ayurveda, Unani, Siddha and other systems have to seriously reflect as we enter the next millenium whether we have addressed this challenge adequately. **Are we training young physicians for the country who are infused with the above vision and skill?**

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The National Education Policy for Health Sciences also identified eight educational strategies so as to make medical education, more humanistic, nationally relevant and socially committed. These are :

- a proper balance between technological and humanistic medicine
- a more holistic approach covering promotive, preventive, curative and rehabilitative aspects of medicine
- a proper balance between the tertiary care hospital based and primary care community based education
- a shift of emphasis from the use of teacher oriented to learner oriented methods which would include self initiated, self directed learning and self evaluation
- a progressive change from a narrow discipline-oriented teaching to a problem-oriented approach
- a shift from theoretically-oriented teaching to experimental learning
- a major change from the practice of factual memorization and recall to the acquisition and practice of professional skills
- a major shift in the medical teachers role from imparting a defined quantum of knowledge to that of a facilitator and motivator of community based student learning.

Where are we today in accepting and internalising in our curriculum initiatives, all these modern day concepts of learning in professional education?

A review of the Central Council of Homeopathy (Degree Course), B.H.M.S. Regulations 1983 which is currently in vogue in most colleges of Homeopathy shows that some of these new strategies are just beginning to be taken seriously, though much remains to be done if Homeopathic Medical Education has to become a major contributor to quality health manpower development.

The regulations highlight

- The homeopathic doctors function is "**not linked merely to prescribing homeopathic medicines for curative purposes but he has a wider role to play in the community**".
- "He has to be well conversant with the national health problems of rural as well as urban areas, so that he can be assigned responsibilities to play an effective role not only in the field of curative but also preventive and social medicine including family planning".
- Emphasis should not be on minute details except in so far as necessary to the understanding of their application to medicine and surgery.
- Formal classroom lectures to be reduced and demonstrations and tutorials to be increased. Seminars and group discussions to be arranged periodically.

This is a good beginning but Homeopathic Medical College teachers should begin to make use of the facilities available in National Medical Teachers Centres in JIPMER (Pondicherry), PGI, Chandigarh, and the courses offered by IGNOU to reorient themselves to the new pedagogy and innovative methods in teaching.

Core groups of such faculty could form medical education cells in each

college and spearhead the reorientation of the other faculty, while simultaneously providing more innovative learning experience for their students.

The biggest challenge to the leadership of all medical colleges including Homeopathic Colleges is not just technical, managerial or financial development but quality Human Resources Development which includes

➤ **Formation of young graduate doctors and post-graduates**

Who are responsive to the social and societal needs and who possess the appropriate ethical, social, technical, scientific and management abilities to work effectively in a comprehensive health system.

➤ **Development of a faculty team**

Consisting of not just technically good teachers but learner oriented facilitators of an educational process, who are also good role models with social vision; commitment to ethical norms and values; and inspirers of people and community oriented vocations through precept and example.

➤ **Development of a support team of staff**

Who will complement the faculty in the medical college, laboratories, hospital outpatients, wards and other specialised clinics and the field practice areas and community health centres, with similar skills and motivation.

How can this be done effectively? At least 3 important strategies need to be evolved by each college

1) Selection

Selection of students and faculty should be carefully done to identify motivation,

commitment to values – both professional and social.

2) Nurture

Faculty must be oriented to the new pedagogy but also provided with regular faculty workshops, CME's, encouragement to attend professional association meetings and conference to improve their knowledge, skills and attitudes.

3) Collective Development

A medical education cell can promote this nurture. Other associations like a Staff/teachers association can organise regular meetings and promote skill development and skill assessment.

For all the above strategies to be organised every College could have a Teachers training plan or a Human Resource Development plan (HRD) facilitated by a medical education cell.

This plan would help to create an ethos and environment of active learning in the college in both the student and the teacher community.

The plans and policies should be consistent, accessible to all and evolved through constant feedback from other faculty and the students in particular. Development of faculty as role models (teaching by examples rather than preaching) would be the core of the plan.

Market values of individualism, competition, commercialization and profit motive would be adequately countered by team building and collective responsibility towards social commitment and professional ethics.

Any plan for change will meet with initial resistance since most of us are comfortable with 'status quo'. Medical college leadership

must beware of the following pathologies that can frequently disable leadership or prevent faculty from participating in a change process. In an all India study that CHC did, we identified some of these through focus group discussions.

► ***Mental Disorientation:*** confusion between technical excellence and social relevance

► ***Nystagmus:*** continuous shift in focus between tertiary and primary care

► ***Anemia:*** Weak individual responses to change. Unless the entire faculty is involved, the impact of a new idea will not be seen.

► ***Cancer:*** cancer of market economics – commercialization, private practice. All these distract teachers from 'training time'

► ***Manic Depressive psychosis:*** Too much planning too little implementation

► ***Atopia:*** adhoc, ill planned efforts – putting off rather than motivating both students and teachers

► ***Atherosclerosis:*** Bureaucratization, routinization, not encouraging creativity

► ***Schizophrenia:*** Constantly shifting between social/community goals – Vs – Elitist High Tech medicine orientation

► ***Senile Dementia:*** Defensive response to critical evaluation and rationalization of inadequacies.

All these attitudes can be obstacles for change but can be prevented by enthusiastic leadership.

Finally the challenge to teachers of the '***young physicians of tomorrow***' are the following :

Can we make a paradigm shift in our own thinking?

- From **Theory to Practice**
- From **Teaching to Learning**
- From **Imparting / Lecturing to Facilitating / Motivating**
- From Student as **passive beneficiary** to the Student as **active participant**
- From providing, **cognitive and technological education** to enabling, **effective and humanistic physician development**

Are we ready to take up this Challenge? Are we ready for Change?

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THE DOCTOR WITH FIVE STARS

- ★ **Care Provider**, who considers the patient holistically as an individual and as an integral part of a family and the community and provides high-quality, comprehensive, continuous and personalized care within a long-term relationship, based on trust.
- ★ **Decision-maker**, who chooses which technologies to apply ethically and cost-effectively while enhancing the care he or she provides.
- ★ **Communicator**, who is able to promote health lifestyles by effective explanation and advocacy, thereby empowering individuals and groups to enhance and protect their health.
- ★ **Community leader**, who, having won the trust of the people among whom he or she works, can reconcile individual and community health requirements and initiate action on behalf of the community.
- ★ **Manager**, who can work harmoniously with individuals and organizations inside and outside the health care system to meet the needs of patients and communities, making appropriate use of available health data.

Doctors for Health, WHO, Geneva, 1996

Designing Curriculum in Homoeopathic Education

Dr. D.K. Srinivasa*

Dr. Munir Ahmed R.**

The popularity of homoeopathic therapy as a viable therapeutic model has contributed to a growing awareness of alternative health-care options. This trend has spurred the growth of homoeopathy as a career option among the new generation. The

liberalisation and democratisation of higher education under the influence of recommendations made by various committees, constituted to reform the education system in our country has further nurtured this tendency.

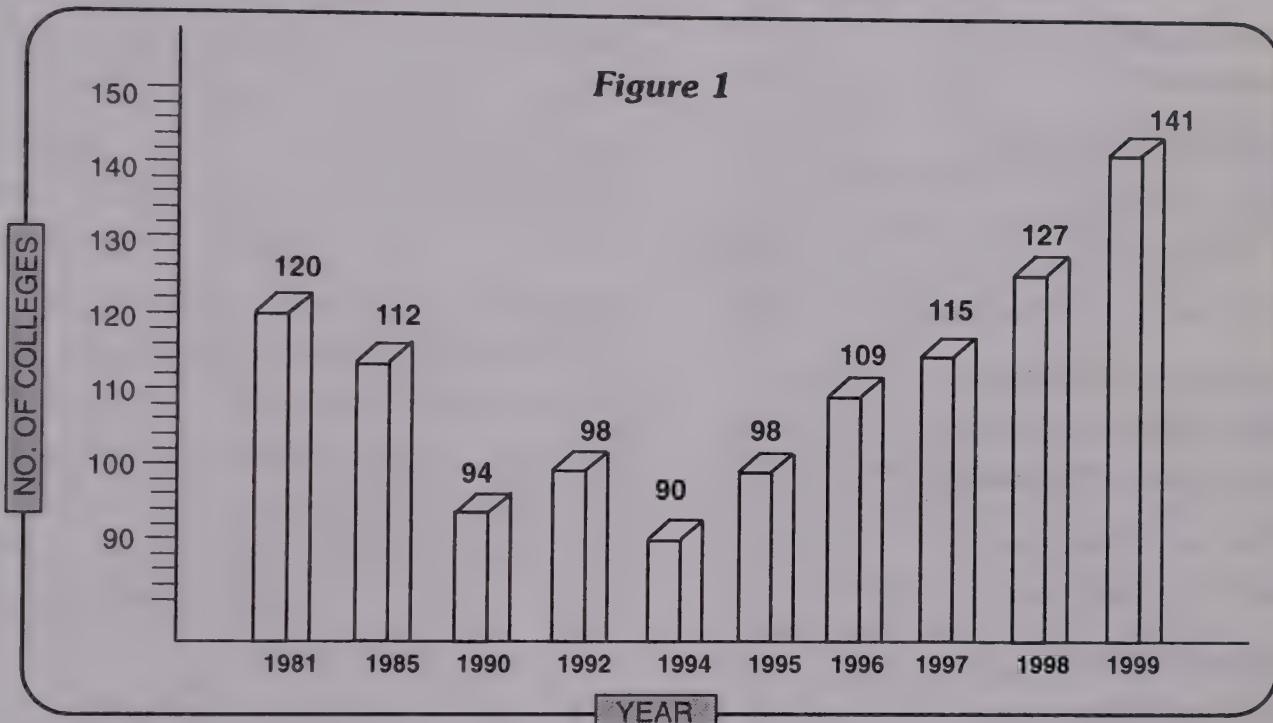


Figure 1 shows the state of numerical growth of homoeopathic institutions in India, since the establishment of the Central Council of Homoeopathy in the year 1983. There is a gradual increase in the number of institutions offering homoeopathic education. This points to a mushrooming growth of homoeopathic institutions. The growing numbers of institutions have to be matched with sufficient volume of trained faculty for sustaining and improving the quality of education. As per the

recommendations of the Minimum Standards of Education of the CCH, each institute with an intake of a maximum of 50 students needs a total of 63 faculty members.

Figure 2 - Table of Faculty positions according to MSE of CCH

Providing quality education requires the educators to be skilled in the art of providing education. This has to be learnt and acquired by the prospective and active teachers alike to enhance their teaching performance. As such, the recruitment rules for the teachers in homoeopathic institutions as per the MSE don't stipulate a formal training in educational practice. Therefore, there is no provision for

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Figure 2 :

ANNEXURE C (Regulation 7 (iii))
MINIMUM TEACHING STAFF FOR DIRECT DEGREE COURSE

Name of the Department	Professor	Reader / Asstt. Professor	Lecturer	Demonstrator / Tutor
	1	2	3	4
Anatomy	1	1	1	2
Physiology & Biochemistry	1	1	1	3
Materia Medica and Homoeopathic Therapeutics	2	2	3	2
Homoeopathic Pharmacy	Nil	1	1	2
Organon of Medicine and Philosophy, Chronic Diseases and Psychology	2	2	2	2
Practice of Medicine including paediatrics	1	2	1	3
Surgery, E.N.T. & Ophthalmology	1	1	1	2
Obstetrics & Gynaecology	1	1	1	1
Preventive and Social Medicine with Family Welfare	Nil	1	1	
Forensic Medicine	Nil	1	1	1
Pathology, Bacteriology, Parasitology	Nil	1	1	2
Case taking & Repertorisation	1	Nil	1	2
Total	10*	14	15	23

* Principal may be one of the Professors of any Department.

either pre-service teacher training or in-service teacher training. In light of this situation, not many teachers are aware of curriculum planning. Therefore, this paper discusses the meaning, scope and certain key steps in Curriculum Planning.

What is a curriculum ?

A "Curriculum" is a plan of educational experiences and activities provided to a learner by an institution. It states general and specific objectives, indicates selection and organisation of contents (subjects, scheduling time table, giving list of books), mentions/suggests certain patterns of learning and teaching, and a programme of evaluation of the learning outcomes.

Curriculum Planning is a dynamic process and the curriculum planners should be guided by curriculum determinants to make decision about the scope, goals, and objectives of the course being planned, as well as the educational contents, training methods and evaluation. (Fig-3).

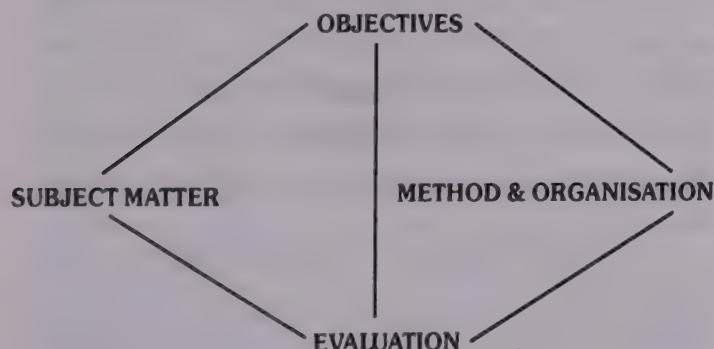


Fig-3 Elements of Curriculum

Steps of Curriculum Planning

The following is a description of the steps and procedure involved in planning a curriculum. (Fig.4)

1. Situation Analysis and Curriculum Determinants

The first step in planning a curriculum requires an analysis of the existing situation,

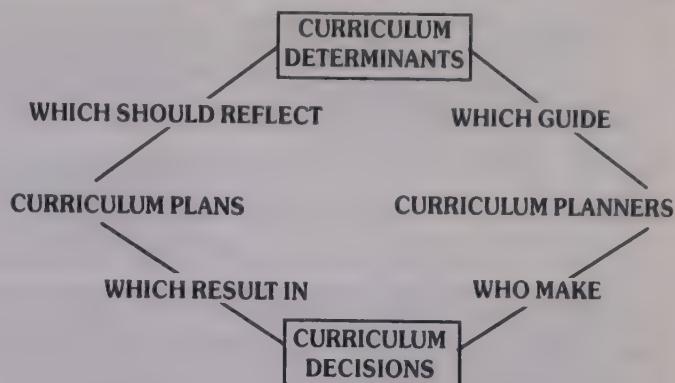


Fig-4 Curriculum Development Process

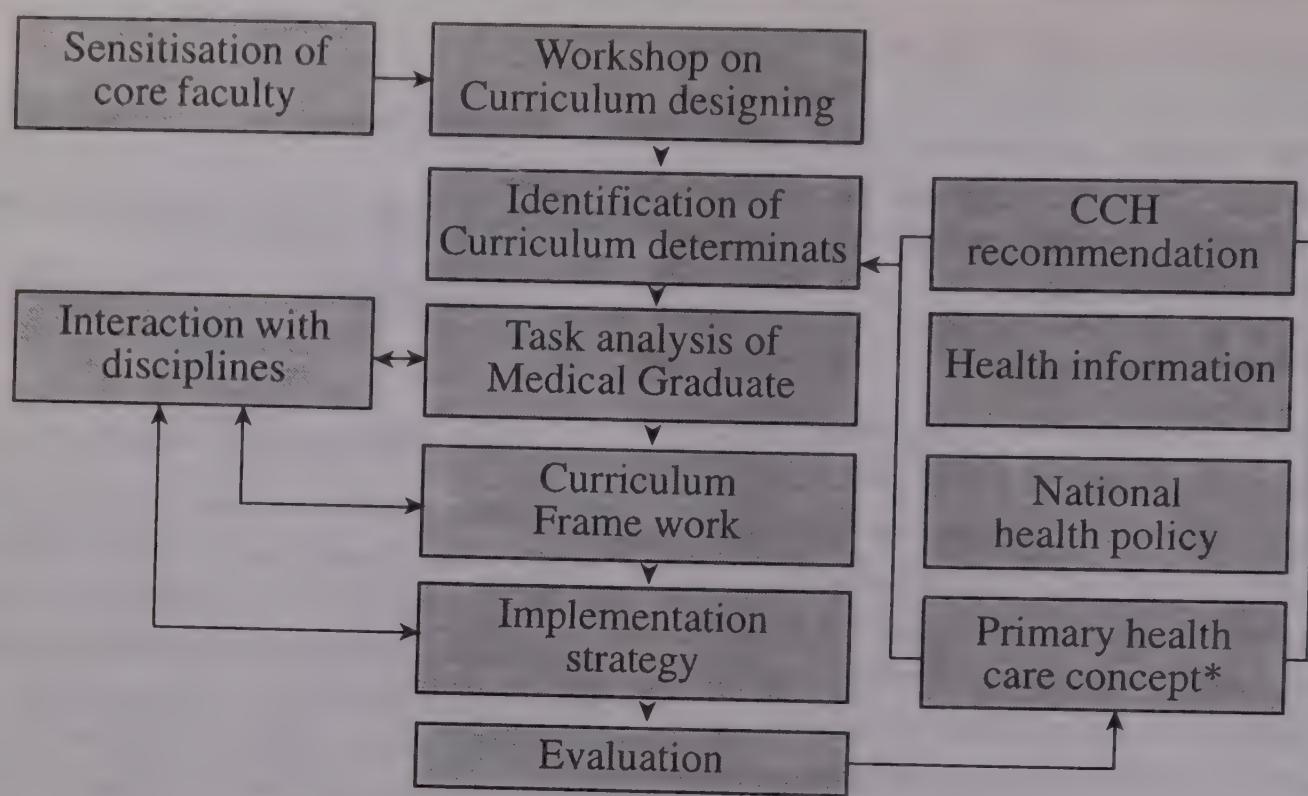
such as the goals enunciated in the National Health Policy; health needs and demands of the people; trends and patterns of morbidity and mortality; socio-economic status; scientific progress; professional requirements and standards; and the expectation of the students. This might require collection of large amount of data. Inquiry driven strategy may be used for this purpose.

Such an analysis helps in finding out the health needs. It can also be used to prepare the job specification - which in turn helps in deciding what the students should learn.

The next step involves identifying the scope as well as the tasks or job functions and the conditions under which a graduate doctor is expected to work. For instance, the functions of a doctor in a primary health centre are different from those in a tertiary hospital. While he should be able to independently manage common endemic disease conditions, he should also have the necessary skills to recognise and refer cases that cannot be managed.

Determining the essential tasks is a complex process. It may require inputs from various sources as already mentioned and reaching a consensus is not easy. An example of how a set of essential tasks are identified is given in the Fig-5.

These are the determinants of curriculum. They guide in defining the objectives of the course.



* Concept of Primary Health Care :

Primary Health Care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the

country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

Alma Ata Declaration

2. Formulation of Educational Objectives

The educational objectives describe what knowledge, attitude and skills homoeopathic students should acquire during their education. They also define the goals of the course and describe the characteristics and the attributes of the end product. The objectives should be based on the tasks which the students are expected to learn.

Through inter-disciplinary and intra-disciplinary meetings departmental objectives should be developed. It would be desirable to formulate the objectives in the different domains and taxonomic levels described by Bloom and others.

3. Selection of Contents

Both the analysis of needs and the statement of objectives provide a preliminary

guide for the selection of contents, i.e., the subject matter. The content chosen must be relevant to the needs, feasible and significant to the concept and the ideas connected to the learning experience, and also create interest.

The content areas may be grouped with scaled priority and as 'must learn' and 'desirable to learn' as it is not possible to learn everything during the course. Some priority is essential. According to Abbott, " 'Must Learn' is the target. These are the things which every student must learn if he is going to be competent in his job. These are the things which the teacher should stress when he is helping students to learn. These are the things tested in exams". There are many other things which are 'desirable to learn'. Teachers should not prevent students from learning. But these do not need the same emphasis. Nor they may

be tested as thoroughly in examination.

Some elements that assume prominence during actual practice need special consideration. They are : the practice of primary health care, ethical decision making skills, and practice management, self assessment and self directed learning skills.

4. Selection and Organisation of Learning Experience

It is important to visualise as to what exactly are the educational objectives and the expected competencies. The criteria for desirable learning experiences must be applied by asking questions like the following : Do they serve the objectives ? Are they appropriate to the nature of work are the level of primary, secondary or tertiary ? Have opportunities been provided for learning the skills required ?

The learning experiences should be designed to : (a) emphasise activities that build on learner's knowledge and experience; (b) employ 'advance organisers' to relate basic concepts to more difficult concepts; (c) integrate basic sciences teaching with clinical subjects and describe their relevance to homoeopathic philosophy; (d) encourage deep learning; (e) provide for individualised learning; (e) incorporate evaluative mechanisms that give learners meaningful feedback about their achievement.

Care also must be taken to include a variety of ways of learning. In addition to the conventional methods other forms such as video films, field trips, group discussions, role play, practice on simulators and models should also find place.

Organisation includes the scheduling and arranging the time table for various learning activities.

5. Evaluation

The curriculum should have a description of nature, frequency and methods that will be used to evaluate different learning outcomes. These should include not only of knowledge, practical and clinical skills but also of other abilities related to attitudes, communication and ethical decision making. It should contain a plan for internal assessment, specify the weightage or proportion of marks that are carried over to the summative evaluation. A scheme of examination containing guidelines to paper setter, model question paper, procedures for practical and clinical examinations would be of great help.

Checking for Balance and Sequence

A written curriculum is needed to keep the course as a whole well organised. After an outline of the curriculum is completed it is essential to check the overall consistency and balance among various components. Such an overview of the total plan is required as it will help one to see that there are no serious oversights or inconsistencies. This would help in avoiding content overloading as well as major omissions.

Evaluating the Curriculum

The curriculum should be evaluated by teachers, students and by critical incident studies. Evaluation may lead to changes in the objectives, course content or teaching methods.

Summary

Curriculum is a written description of what happens during a course. It should be based on the health needs of the community and on the tasks which students must learn. Teachers should be involved in planning. It should include the objectives of the course, i.e., the tasks and sub-tasks which the students

will learn; the general methods which will be used to teach the objectives; the time and place where the students learn - a time table; and methods planned to assess student's learning outcome.

The curriculum must include a high proportion of time for practising problem solving, thinking, clinical and communication skills.

Periodic evaluation of curriculum is necessary. It may lead to changes in the course contents and teaching.

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THE STRATEGIC PLANNING PROCESS

Mission and vision

What is our purpose ?

What are our vision, mission and values ?

Customer / learner requirements

Who are our customers ?

What do our customers expect of us ?

What do we need to be good at to meet customer expectations ?

What do our learners require from the institution ?

What methods do we use to identify learner/customer needs ?

Routes to success

What are our strengths, weaknesses, opportunities and threats ?

What factors are critical to our success ?

How are we going to achieve success ?

Quality performance

What standards are we going to set ?

How are we going to deliver quality ?

What will quality cost us ?

Investing in people

How should we make the most of our staff ?

Are we investing sufficiently in staff and staff development ?

Evaluating the process

Do we have processes in place to deal with things that go wrong ?

How will we know if we have been successful ?

Source : Edward Sallis TQM in Education

Effective Teaching Programme

Dr. Bilquis Fathima

“One hour’s teaching is better than a whole night of prayer”

Teaching has been one of the oldest and most respected profession in the world. It is regarded as an activity aimed at the achievement of learning and practiced in such a manner so as to respect the learners’ intellectual integrity and capacity for independent judgement.

H.C. Morrison, (1943), says “Teaching is an intimate contact between a more matured personality and a less matured one which is designed to further the education of the latter”.

Teaching is essentially a social function, the teacher must understand and be skillful in guiding the dynamics of group behaviour. The teacher must also be skilled in ways of organising and directing the activities of small and large groups to ensure maximum individual participation.

Today’s education loads the learner with diverse information which needs to be processed, that is, integrated, transformed, stored and retrieved subsequently. To facilitate this, understanding of an appropriate effective teaching programme such as planning of teaching and its applicability becomes essential.

Theoretical knowledge of teaching concept does not provide any guidelines for classroom instructional procedure. Every teacher who intends to teach has to prepare an outline of his topic, which is known as Lesson plan. According to N.L. Bossing, “Lesson plan is the title given to a statement

of achievements to be realized and the specific means by which these are to be attained as a result of activities engaged in during the period.

Need and importance of Lesson Plan :

1. Lesson planning provides guidelines to the teacher.
2. It provides awareness of teaching objectives and structure of content.
3. It helps in the selection of procedure, planning of activities and evaluation devices in teaching.
4. It facilitates teacher to take stock of the teaching aids at his disposal.
5. It helps the teacher to be systematic and orderly and thus prevents wastage of time and other resources.

Principles of Lesson Plan :

1. The plan should be used as a guide. It should provide teacher the flexibility to depart from it when the needs of the learners demand it.
2. The teacher should have the mastery over the topic to be taught.
3. The teacher must be fully conversant with the new methods of teaching.
4. The teacher must know the learners thoroughly and organise the content matter in a psychological manner, other than merely presenting it in a logical way.
5. The plan should be such that maximum and active participation of the learners is ensured.
6. The plan should provide scope for various learning activities so as to avoid monotony in teaching.

Steps in Lesson Planning :

1. **Formulation of objectives** : A teacher after selecting a topic for teaching has to formulate the general and specific objectives (Knowledge, Understanding, Application and Skill). The specific objectives are identified by considering the nature of topic and are written in behavioural terms.
2. **Introduction** : This step mainly concerns with starting point of teaching activity. The teacher employs his insight and experiences for linking new knowledge with the previous knowledge of the learners.
3. **Statement of Aim** : The teacher gives the statement of teaching topic by incorporating the learner's responses.
4. **Presentation** : During this stage, both the teacher and the learner actively participate in the teaching-learning process. The teacher employs the techniques of questioning, discussion and gives appropriate examples from real life situations and also makes use of teaching aids to make the lesson meaningful, clear, explanatory and comprehensive.
5. **Recapitulation** : This stage enables the teacher to get the feedback regarding the efficacies of method of teaching adapted, explanation, clarification and also to evaluate learner's performance.
6. **Assignment** : Assignment of some work out of the work done is essential for the consolidation of knowledge. The learner gets an opportunity for assimilation with the help of assignments.

Suggested Proforma for a Lesson Plan :

The essential elements, which should feature in a lesson plan are :

1. Statement of objectives.
2. Relationship of the present lesson with the previous lesson.
3. Subject matter content organized in sequence with learning activities.
4. Methods of teaching to be used and audio-visual aid to be used.
5. Summary of the lesson being taught.
6. Evaluative questions and assignments for students.
7. References on the topic of the lesson.

Conclusion :

Any attempt to bring about a significant reconstruction of education in a class room where "mind meets mind" must begin with the reconstruction of the teacher. Effective teaching needs innovative methods and techniques so as to make the content reach all the students in the class. As most rewarding aspect of professional work that a teacher can do is lesson planning which provides him an opportunity to use every bit of his skill, intelligence, ability and creativity.

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Total Quality Management in Homoeopathic Education

The theoretical foundations of Total Quality Management are contributed by several people, including W. Edwards Deming. He is responsible for enabling Japanese industrial systems to achieve their current worldwide reputation for quality. Deming's (1986) philosophy is exemplified in his "fourteen points for management." Individuals seeking a broad grounding in TQM should become familiar with these fourteen points. Other useful references include the work of Juran, who also assisted the Japanese in the 1950's, and Crosby.

Deming's Philosophy of Quality :

1. Create constancy of purpose for improvement of product and service, with the aim to become competitive and stay in business and to provide jobs
2. Adopt the new philosophy
3. Cease dependence on mass inspection to achieve quality
4. End the practice of awarding business on the basis of price
5. Improve constantly and forever the system of production and service, to improve quality and productivity, and thus to constantly decrease costs
6. Institute training on the job
7. Institute leadership
8. Drive out fear, so that everyone may work effectively for the company
9. Break down the barriers between departments
10. Eliminate slogans, exhortations, and targets, asking for new levels of productivity without providing the workforce with the methods to do the job better
11. Eliminate work standards that practice numerical quotas
12. Remove the barriers that rob people of their right to pride of workmanship

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13. Institute a vigorous programme of education and self-improvement
14. Put everyone in the company to work to accomplish the transformation

Salient features of Juran:

1. The 85/15 rule
2. Strategic quality management

Salient features of Crosby:

1. Management commitment
2. Quality improvement team
3. Quality measurement
4. Quantifying the cost of quality
5. Building quality awareness
6. Corrective action
7. Zero-defects planning
8. Need for supervisor training
9. Holding a 'Zero-defects day'
10. Goal setting
11. Error-cause removal
12. Recognition for work
13. Quality councils
14. Do it over again

There are various approaches and variations to the practice of TQM. In fact TQM is practiced under various names. The three major features, which personify TQM, are - the systems approach, alignment and continuous improvement. An understanding of the contributions of de Bono enable the practitioners of TQM to achieve the higher results.

Systematic Approach to Operations:
TQM requires systematic, not random, continuous improvement of the dimensions of quality. This can be likened to the working principle of computer - GIGO (Garbage In Garbage Out). Under this principle, what input we feed determines what output we get. The 'input' in terms of organisational design includes the vision, mission, planning,

infrastructure, human resource contribution and commitment. This input is also influenced by a host of factors like personal vision, commitment & stakes, interpersonal relationships, etc. The team working in the organisation processes is influenced by these factors. Therefore, the process factors significantly guide content & quality of output of the organisation. The goal of all organisations should be to make their processes both stable and predictable—in other words, in control. If internal and external customers can be assured that the output they receive has a minimum of variation, customers can improve their own processes.

Alignment of the procedure: Alignment is based on how an organisation deals with customers, strategy, people, processes as well as relationships between them. An alignment of the people, purpose, processes and product is an essential prerequisite for progress. This alignment determines the coherence between the internal and the external environment, the management and the human force.

► It provides the power to get and stay competitive by bringing together previously unconnected parts of an organisation into an interrelated, easily comprehensible model.

► It provides the power to create an organisational culture of shared purpose

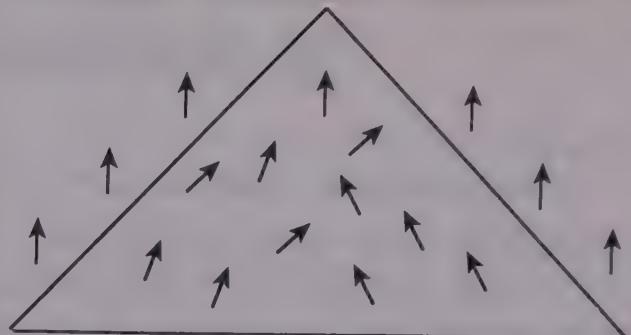
► By integrating core business factors, market factors, overall direction, leadership and culture, alignment gives an organisation the power to achieve consistent, defined levels of growth and peak performance.

The paradigm of alignment can be exemplified as shown in figures 1, 2 and 3.

Continuous improvement :

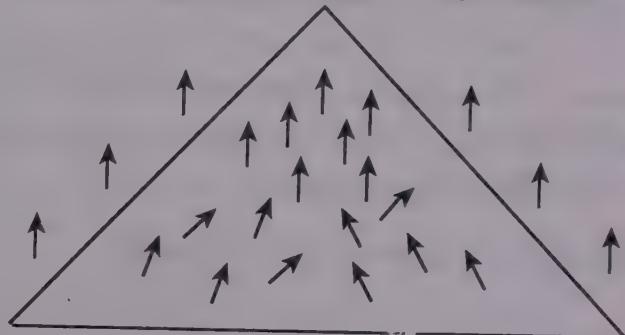
It is the state of an attempt to advance the knowledge and skills with an intention for upward mobility. This state subsumes an aptitude to progress and an awareness of the

Fig. 1 - An unaligned organisation



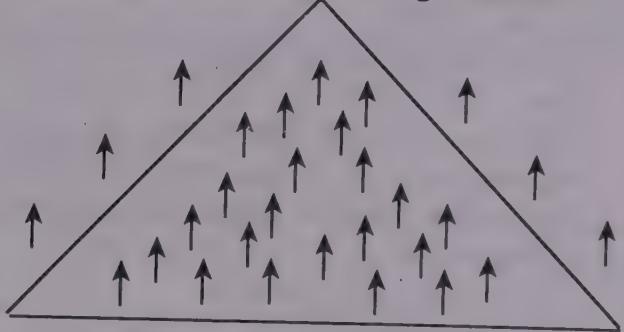
- An organisation at odds with itself and the environment.
- No sense of direction or purpose.

Fig. 2 - A partially aligned organisation



- Management has failed to communicate its vision to its workforce.

Fig. 3 - A totally aligned organisation



- an organisation that is aligned with its environment.

modalities for such progress. The 'surpetition' model of growth proposed by de Bono holds out unlimited prospects for improvement. It takes into consideration individual proclivity and capability for setting the goals. The course for reaching these goals in surpetition is not competitive in nature, i.e. it does not define generic goals. They are rather person-specific goals. This way the rate of success will be enhanced and improvement can be attained. The purposefulness of these goals will charge

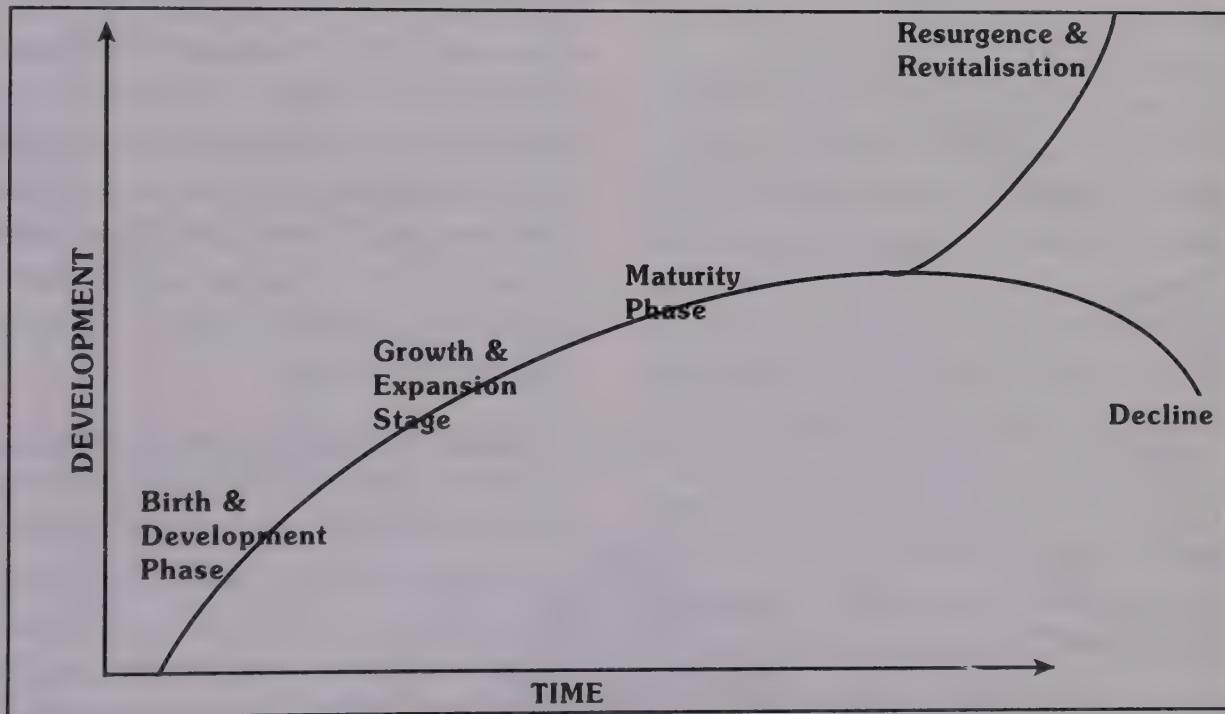
and propel the practitioners into reaching out to their goals with far more ease and comfort. The planning of the course may be framed with a background of 'Lateral Thinking'. It facilitates viewing an idea/object from all possible angles and finding solutions to a problem from various perspectives. This broadens the horizons of perception and thinking. The road to progress can be made smooth by reasoning our thoughts and actions through 'Water Logic' rather than 'Rock Logic'.

William Golomski, a quality improvement consultant and lecturer at the University of Chicago, has stated in conversation that managers deal with

is no universal consistency in the curricular architecture of homoeopathic teaching. While the South Asian region has a formal university pattern both at the UG & PG levels, the rest of the world has a more or less informal setup with societies administering the course to a large extent.

Though achieving uniformity in curriculum is never disputed, standardising the curriculum and its administration are the crucial issues before the educators of homoeopathy across the globe. The solution to this matter has to be developed on two streams - curriculum design and teacher empowerment. The third dimension to this is educational management.

PHASES OF INSTITUTIONAL DEVELOPMENT



Source : Edward Sallis, TQM in Education

transactions, whereas leaders deal with the transformation of an organization.

Application in Homoeopathic Education

The establishment of homoeopathy as a career has come a long way from the time Hahnemann propounded the Law of Similars. The growing interest in homoeopathy among people has resulted in the formalisation of homoeopathy into a curriculum-based programme. Till date, there

A Model of TQM in Homoeopathic Education : (See Fig. 4)

Teacher Empowerment :

*If you can trust yourself when all men doubt you,
But make allowance for their doubting too*

Rudyard Kipling

Empowering the teacher is creating an awareness of the tools that are at his/her

disposal for teaching practice. The principles of higher education which include the setting vision and mission statements for teaching at the macro-level, defining the aims and objectives at a micro-level, assembling the resources to conduct a course, identifying the strategies for implementing the course, evaluating the course and most importantly, getting to know the target audience - the students - both at the cognitive and affective level.

There is an urgent necessity to prepare such a programme for the teachers in homoeopathy. Since no such facility exists at an organised level, it was attempted to collate information regarding the teaching practices in homoeopathic institutions in India. For this purpose, a nation-wide survey was conducted to assess the teaching practices in homoeopathic colleges of India in 1997. A questionnaire was prepared and copies were circulated to the Principals of all colleges recognised by the CCH and to some of the retired teachers. The questionnaire was also published in the magazine *Vital Informer*. Of the 100 + colleges to which the questionnaire was sent not a single college replied. Of the 30 + individual copies sent, only nine replied. As a result of the publicity given by *Vital Informer* two replied. From the analysis of those who replied, there was little awareness regarding the educational terminology, a cursory familiarity with the principles of education like lesson planning, student assessment, etc, but a considerable eagerness to get acquainted with the traffic rules of teaching.

The results of this survey propelled me to design a programme for orientating the teachers in homoeopathy with the principles of higher education. The objective of the programme focussed on presenting the skills related to lesson planning and curriculum management. An assessment of the learning

effect was to be attempted through participation of the group in micro-teaching process. This programme was experimented at two colleges, Government Homoeopathic Medical College, Bangalore and Bhagavan Buddha Homoeopathic Medical College, Bangalore because of the willingness of the management, principals and staff to participate. The outcome of this exercise is very encouraging and merits replication on a wider scale.

Curriculum Design :

What is Curriculum & Curriculum Design?

Curriculum may be described as a network, which defines the necessity, directs the conduct of, plans the strategies and evaluates the attainment of teaching objectives. Designing a curriculum involves many steps. First of these is to be definite about the aim to design the course, i.e. what we want to achieve, and the why and how to achieve the desired aim. This should be seen in the light of practicality in terms of resources, implementation, etc.

One of the notable observations made by the participants in the survey was that the homoeopathic teaching has to be pragmatised to be practice-friendly. One of the stigmas that affect education is the disdain exhibited when making a statement that 'teaching is different: practice is different'. The need is to bridge the gap between teaching and practice. This could either be done by teaching only what is practiced or by teaching that, which can be practiced. Rationalising this situation needs the application of TQM principles in designing the curriculum.

An attempt was made to redesign the curriculum of the subject Case taking and Repertorisation within the parameters of prescribed CCH syllabus. The learning content of the CCH syllabus for Case taking &

Educational Management :

The National Educational Assessment Centre (NAEC) of United Kingdom has proposed the following competencies for the educational managers:

Administrative:

- problem analysis
- judgement
- organisation ability
- decisiveness

Interpersonal

- leadership
- sensitivity
- stress tolerance

Communicative

- oral communication
- written communication

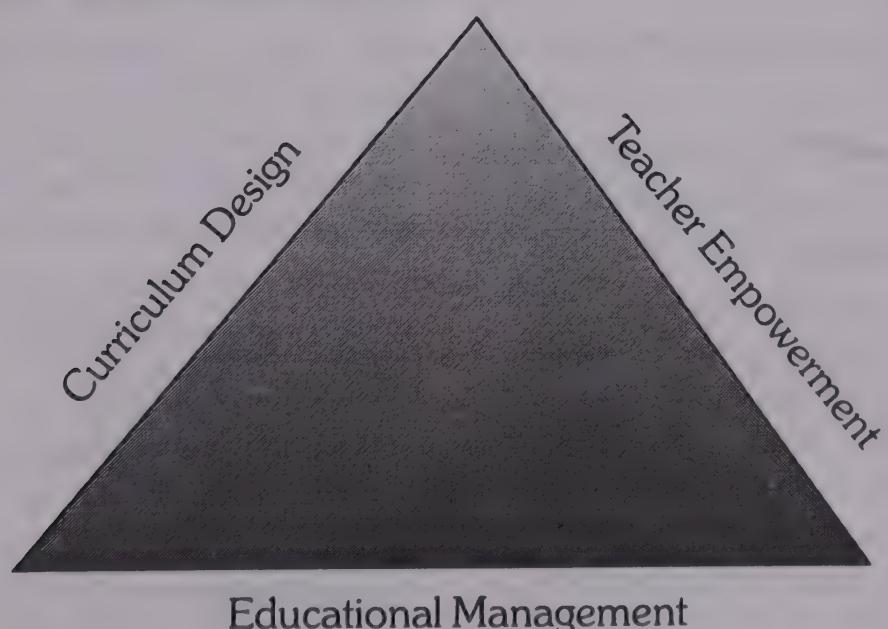
Personal Breadth

- range of interest
- personal motivation
- educational values

Repertorisation was classified into two - Case taking segment, and Repertorisation segment. It is seen that much of the volume for case taking is also covered in the subject Organon & Philosophy. Since the learning objectives were not clarified, formal learning incumbent upon the principles of higher education is difficult to attain. Therefore, it was attempted to redesign the curriculum for both the segments.

As the first step, the need for Repertory Based Prescription was assessed in the larger context of homoeopathic prescription (Strategies of prescription). Writing the objectives for each of the contents listed in the syllabus followed this. The objectives were arranged as per Bloom's Taxonomy of learning - in the cognitive, affective and psychomotor domains. On the basis of the domain that was predominant, the teaching strategy was finalised. This is an ongoing programme at GHMC - Bangalore since September 1995 through a process of Continuing Improvement.

A Model for TQM in Homoeopathic Education :



Source : Munir Ahmed R, Hand Book of Homoeopathic Education

Dynamics of Student Teacher Relationship

Dr. Ali Khwaja*

The most significant adults in a child's world are his parents. In preadolescent years, the world of parents is Law and the Gospel Truth. The teacher plays a role that comes very close to that of parents. This situation lasts until the child reaches adolescence.

Post adolescence, the influence of parents comes down drastically, and in certain cases, may even become negative. The student - teacher relationship also takes a jolt. The college teacher is not the omnipotent and all-knowing demi-god that the school teacher was. If the college teacher does not build up credibility with his students, he can easily be rejected, and even ridiculed. Such rejection can have a very detrimental effect on the learning process, for three reasons :

- Students will mentally tune off from teachers who do not impress them
- The teacher's motivation level will fall drastically when he/she finds the students not relating to him/her
- The learning process becomes a burden instead of joy

It has been found that in a large number of cases, teachers in higher education context are not taught the techniques of relating to students. B.Ed. courses cater primarily to interactions with school level children. A highly qualified college teacher, with a string of bachelors, masters and doctoral degrees behind him, is still unclear on the concept of student psychology, particularly of the turbulent phase known as adolescence. No wonder that many a very learned teacher finds

it difficult to get across his message to his students and gets into a rut of monotonous and repetitive teaching. There are many teachers who are reputed to have cracked the same jokes at the same junctures, to two generations of students.

Knowing the Student

- The Gurukul System

A wise guru once remarked "If you wish to teach Ramu Mathematics, it is not enough to know Mathematics - you should also know Ramu." Accepting this principle it becomes important that teachers, particularly at college levels, endeavor to build up a good rapport and bonding with their students right from the beginning. Behavioral scientists have said that we form opinions about people in the first four minutes of interaction. A teacher who makes a bad beginning in his first class will find that he needs a very long time to undo the damage caused by the rift. The other point to keep in mind is the fact that relationships are dynamic and one can never take them for granted. If one does not make conscious efforts to constantly improve and nurture relationships, they may deteriorate without one being aware. And relationships that are spoilt are extremely difficult to build back again, particularly between students and teachers, since the time available for reconstruction comes to an end with the academic year.

Why the gurukul system survived in our country for ages, was not due to the high qualifications or experience of the gurus, but because that system encouraged good teacher - student interaction and understanding. Over the past few decades this interaction is becoming more and more impersonal. Most

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teachers know nothing about the "Ramus" in their classes.

Taking the initiative

Building a good relationship could begin by getting to know students at the beginning of the academic year. A few rounds of introductions, repeatedly calling out each person by name and trying to memorize each name sets the right trend. Polite inquiries about their past, their likes and dislikes and their background help make students feel important and wanted. Self disclosure by the teacher also helps in bringing each other closer.

The next step would be to spend a few minutes every day talking to a few students, inquiring about their progress, showing concern over their concerns and generally socializing with them. If this could be supplemented by small informal parties or get-togethers, it is all the more better. Talking to students on topics other than academics helps break the ice.

A word of caution here would be that the teacher should bring his students up to his level and he should not stoop down to their level. Getting too familiar, sharing cigarettes, using slang words, lay the path for the students to take the teacher for granted and they may lose respect for him. While being friendly, it is equally important that the teacher commands love and admiration from his students, along

with a certain degree of respect.

In matters of discipline a teacher should understand that college students are going through the difficult phase of adolescence when their attitudes and principles are constantly changing. At times they may become very upright and law abiding, on other occasions they may be quite rebellious. Most of these are passing phases. One need not antagonize and confront students on every issue. Give them space, as long as they are not damaging someone else's interest. Compliment them on their good actions as much as one rebukes them for their trespasses. Positive strokes, both verbal and non verbal, go a long way in building strong bonds.

The Real Purpose

The final point to be remembered by every teacher is that the teachers are appointed for the students and not vice versa. Let us introspect at every stage whether we are doing justice to our positions is the real purpose of imparting knowledge giving an all round development and empowering the students - really being achieved ? Once this goal is kept in focus it will become easier for the teacher to understand, respect and tolerate every student, good and bad. And the joy of seeing a young child blossom into a capable adult, a qualified professional and a confident human being, is the greatest reward any teacher can aspire for.



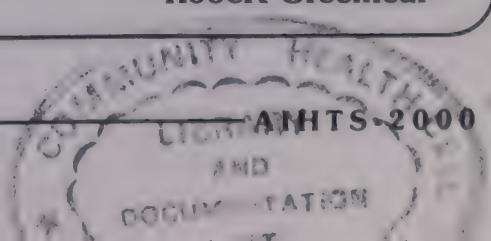
In the early times, people did not know their leaders existed. In the next age, they loved them and praised them. In the next they feared them. When the rulers lost faith in the Tao, the people lost faith in the rulers.

- Lao Tsu

Not much happens without a dream. And for something great to happen, there must be a great dream. Behind every great achievement is a dreamer of great dreams.

- Robert Greenleaf

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Principles of Educational Management

Dr. C.M. Francis*

Introduction

The objective of this presentation is "to explore how the Governing Bodies, Principals and Deans of the Homoeopathic Medical Colleges can improve the Management of their Colleges to achieve the National, Institutional and Educational Objectives of Homoeopathic Medical Education".

I shall be discussing the various aspects of management of the institutions to achieve the goals efficiently and effectively in this presentation. That will be only a start. There is a need to apply your minds constantly to the question of management of your institutions in the best way possible so that your institutions will be able to achieve the projected goals and objectives. Though the objectives of medical education are the same, the institutions have different ownership and hence management problems will vary.

Training in management for the heads of institutions is not new. Other countries have done it. In Mexico, all the 65 Medical schools in the country got together and the Heads of the Institutions had training in Management process "to increase their skills in the areas of application of the administrative processes and the mechanisms involved in the process of guaranteeing, monitoring and evaluating quality as well as organizational design, development and change..... - Management training for deans and their staff will have a positive influence, complementing the factors that guarantee the quality of any educational process". The motto is "Management for Quality".

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The objective of my talk is to demonstrate the Principles of Educational Management in the homoeopathic context. I shall first reflect on the Vision, Mission and Objectives of Homoeopathic Medical Education.

Vision

What is Vision ? Vision is what you would like to see in the long perspective, say in 2020. The Vision can be compared to the panoramic sight you get when you look at the scenery from a mountain top. You can develop your own Vision of what you would like the University, your College, yourself, your staff and your students to be. I have developed a tentative Vision.

Vision of Homoeopathic Medical Education

*Homoeopathic Medical Education in India enables the students to develop to their **highest potential**, to be responsible physicians, providing comprehensive health care of **all the people**, with logical and **scientific** habits of thought and with **humane** concern for all. With further training, the graduate can be a specialist, teacher or researcher in the chosen area.*

*The graduate meets the health needs of the individual, the community and the country. In consonance with ancient Indian thinking and modern concepts, the graduate places emphasis on **health** in all its aspects.*

Mission

You must have a Mission to achieve the Vision. You must develop a suitable Mission for your Institution and for yourself. I have a statement of a Mission, appropriate for the Vision developed by me.

Mission of Homoeopathic Medical Education

To achieve the Vision, the Homoeopathic Medical College will take steps

- to educate the students to be able to undertake the service responsibilities, with **competence** and **concern** for the health of all the people.
- to help the students to be able to **cope** with challenges, problems and opportunities in the ever changing situation by **active learning and continuing education**, and
- to ensure the practice of **holistic health**.

Arising from the Mission will be the policies, strategies and objectives. The objectives must be such that you can progress forward to achieve the Vision.

Objectives of Homoeopathic Medical Education

The graduate will be

- an active **listener**, a careful **observer**, sensitive **communicator** and **competent** in comprehensive health care
- aware of the **social**, **economic** and **cultural** factors which determine health and disease
- committed to **equity** and **humane** delivery of health care
- conscious of the **cost** to the individual, the family and the society
- of **scientific temper** and keeping abreast of the developments within the concepts of health
- conscious of the **right to health** of all people and help them to attain and maintain health
- practising medicine ethically and
- skilled in management of patients and health care institutions

Being an educational endeavour, you must have educational objectives. These

objectives are the development of knowledge and skills. An important group of objectives is the development of proper attitudes. These had been emphasized in Atreya Anusasana and Charaka Samhita.

Education Objectives may be defined in a way slightly different from the conventional grouping of knowledge, skills and attitude. They are the professional, personal and social development of the student.

Resources

The Educational Manager has to optimally utilise available resources. He/She should also perceive the latent potential in the team towards improving the team. Such skills can be developed by getting acquainted with the principles and processes of Educational Management.

The resources available to the Dean/Principal/Head of the Department are :

- human, knowledge, skilled and of proper attitude
- methods of teaching/learning
- measurements of achievements
- materials for teaching and learning
- machines and equipments
- money
- time : this is the only resource which cannot be increased
- information : We live in the information age. There is a tremendous amount of information available. They must be analysed, synthesised and used wisely

The Governing Body/Dean/Principal/Head of Department is not only a manager of resources but also a conceiver of goals, policy formulator, strategy planner and initiator of changes.

The Management of the Institution must have

- ability to see ahead and **plan** appropriately

- ability to produce and accept new and **creative ideas** and implement them
- ability to co-ordinate and bring about **harmony**
- ability to analyse and synthesize diverse **information**
- sense of **equity, fairness** and **justice**
- **knowledge, skills** and **attitude**
- ability to **delegate**
- **leadership**
- **team building** ability

The Dean/Principal/Head of Department is an animator of change. He/She responds to change in

- concepts of health
- medical sciences and technology
- educational science and technology
- is an agent of change to meet the changing needs - is innovative
- exercises a positive influence to make things happen
- is dynamic, with a deep seated sense of mission.

I will deal with a few aspects of management, which are not usually considered but are important.

Interpersonal relationships

An important requirement is interpersonal relationship. The people are the greatest assets. These would include students, the staff (teaching and non-teaching), the public and the authorities (Government, University, Medical Council, others). The students and staff must be chosen wisely, given orientation and training. Your effectiveness and success depend on how well you understand the people and their needs and meet those needs.

Students

The existence of the institute is for the education and formation of the students. Their

needs must be met. Maintain good relationship with them.

Staff

It is essential to :

- recruit staff, who are qualified and have the requisite skills, attitude and experience to fulfil the objectives of medical education, and the institution
- ensure that the staff are aware of, subscribe to and follow the objectives
- maintain good interpersonal relationships
- retain the staff, providing satisfactory work environment and favourable service conditions, ensuring that they get job satisfaction

Certain skills must be developed to have optimum interpersonal relationships. These include use of language (verbal communication) in the most appropriate manner, non-verbal communication (which expresses emotions and attitudes), praise, criticism and re-inforcement and active listening. There has to be openness and honesty. Differences must be respected and valued.

Problems

There will always be problems. Problems are often opportunities to do better. There will be peoples' problems and problem people.

Peoples' problems : There must be a machinery for resolving grievances, quickly and with fairness. Grievances arise from :

- misunderstanding
- misinterpretation
- discrimination
- violation of agreement

Problem people : Every institution will have its share of problem people. Problem people may be

- uncooperative
- poor in work performance
- those who break the rules and regulations and codes of conduct habitually

Recognize such people and deal with them effectively, trying to understand why the student, staff member or other person behaves in the manner he or she does.

When dealing with problem people,

- control your emotions (not easy but a must). Good behaviour begets good behaviour
- give importance to the individual's feelings
- learn the other side of the story
- apply rules uniformly and consistently

Planning

Any Dean/Principal/Head of the Department will have problems. These problems are opportunities to plan ahead and achieve desired results. Problems do not come singly. There will be many of them. It is necessary to prioritize them. This must be followed by budgetting the resources (human, material, finances and time). They must then be organised to get optimum results. The persons involved must be motivated. If the people had been involved from the very beginning of formulating the plan, it is likely that they will be motivated. Plans are useless unless they are implemented. While implementing, changes may be needed. This can be done by continuous monitoring and applying corrections. At the end of specific periods, the achievements must be evaluated and reported. Evaluation may bring out new priorities and the cycle may be repeated.

Delegation

Remember that there are many colleagues, senior and junior, who can help in the discharge of duties and responsibilities. A wise and effective Dean/Principal will delegate the responsibilities to others. Along with responsibility, sufficient authority should also be delegated. Delegation releases the Dean/Principal to devote greater attention to other important responsibilities.

Measurements

Whenever there is action, there is need for measurements. In the homoeopathy medical college, among other measurements, two measurements with respect to education stand out. These are :

- evaluation of the teaching programmes, and
- assessment of the students

Evaluation of teaching programmes

Feedback about the effectiveness of the various programmes like lectures, demonstrations, practicals, bedside clinics, ward rounds, teaching/learning in the community and small group learning, the courses and the curricula. The feedback can be from peers and colleagues or students as active recipients or external agencies such as the

Assessment of students

- Formative - internal assessment to help the student to achieve more. This will reinforce strengths and reduce weaknesses. This involves a dialogue between the faculty and the student, in a creative, helpful manner.
- Summative - This will be necessary for determining 'pass-fail' at the end of the phase of learning.

Formative and summative assessment must be done objectively without external biases and prejudices.

The assessment must be of :

- knowledge; recall and interpretation of facts and data, problem analysis and problem solving, (patient management problems, case reports, etc).
- skills; capacity to perform a skill, clinical examination, rapport - with the community.
- attitudes; behaviour towards patients and the community, working in a team, motivation.



Teaching Anatomy through Internet

Dr. V. Balasubramanyam*

Introduction:

The purpose of medical education is to develop the skills of clinical reasoning, which is a requirement for performing a number of clinical tasks. A knowledge of the human body is an essential requirement for a health care professionals. Educational Technology helps understand the human body in health and disease by depicting the complexities of the subject in terms of:

Spatial domain – understanding of three-dimensional geometry of the body and its parts.

Symbolic domain – understanding of functional, developmental, pathological and other relationships among anatomic entities.

In a study involving the effect of lecture - discussion method of teaching, audio-visual supplementation was found to improve communication and this also contributed significantly to delayed retention of information (Andrusyszyn 1992). Equipment like the overhead projector, slide projector, and the chalkboard found immediate acceptance and were internalised into the teaching system. In recent years however, media technology has brought in a new generation of devices like the videotape, multimedia computers, LCD projection panels, data projector and direct projectors - all these seem to hold a promising potential of supplementing the medical teacher in his efforts to communicate this complex medical concepts to health care professionals. Also some of the established media devices are now available in improved designs to suit the requirements of a medical

education set up. The objective of this document is to analyse the pros and cons of the videotape, computers and internet technologies and its optimal utilisation for teaching – learning for the subject of human anatomy.

Videotape as a teaching aid has been analysed by the author in a previous study series (Balasubramanyam et al 1994). The trial covered a set of topics in anatomy on the first MBBS students. One group received a video-demonstration on the topic (e.g. gross anatomy of the posterior triangle of the neck). Simultaneously the other group received a lecture on traditional lines by a teaching staff of the department - using slide and overhead projector. A pre and post test based statistical analysis found videotape demonstrations to compare favourably with the routine teaching method. In further trials attempts were made to incorporate short relevant video clippings into the lecture taken by the teaching staff.

Video assisted lectures were found to have a higher communication value - both objectively and subjectively. Videotape is excellent for areas like pointing out a detail in a histology slide or a gross anatomy specimen, to show a long drawn technique in a time compressed sequence (e.g. a neurosurgery of a complicated area in the brain). Videotape is not a canned version of a lecture but a visual enhanced learning tool. It is the visuals that make or mar a videotape. Visuals attract the attention of the audience. A number of videotapes on gross anatomy and histology are now commercially available but there also exists an acute need for indigenous production to suit local curricular needs. The blend of visuals, appropriate audio and a meticulously planned flowcharting will render the videotape an effective communication aid.

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Videotape has in recent years gained an additional advantage thanks to the parallel development in computer technology - using suitable convertors, it is now possible to print entire computer software into linear videotape and play it on a video cassette recorder and a TV screen. Computer enhanced videotape production of this kind are more effective communication systems and could predictably be the standard teaching aid specially in areas like embryogenesis, growth and development, demonstration of clinical skills and aspects of medical ethics. Its utility in problem based learning will probably be the most important innovation in medical education in the years to come.

Videotape technology has a greater ramification in its applications in teaching health care professionals. Transferring the understanding of anatomy and pathology gained from a dissected cadaver and gross specimens to the living body remains a challenge - this is where videotape technology may have its potential benefit. When linked to a microscope and a TV monitor, it can be a useful demonstration tool. Histological and histo-pathology details can be pointed out to groups of students. The same slide can be shown at various magnifications, thereby enhancing communication. In addition the session can be recorded into a linear videotape or computer hard disk and incorporated in multimedia programs. High definition video systems have tremendous applications on anatomy teaching - particularly due to its high resolution and better colour enrichment capabilities - a common point it shares with the computer. (Foster 1993)

Computer technology and its utility in anatomy teaching :

However, in spite of the points discussed above, videotape can at best be described as an improvement over traditional passive

learning systems. We are still not sure if every single student has benefited by this system. Can a system provide us with an active learning mode? Computers may partially answer this question. At its present stage it offers an excellent method of introducing programmed learning. Its interactive component makes it an ideal choice to attempt individualised learning. Justifying interactive learning in medical education, Gwen Chessel (1994) opines that it gives the student the opportunity to engage in deep cerebral activity - in responding to stimuli in the learning context. This is comparably better than a didactic teaching with maximum teacher involvement and passive absorption on the part of the student. To quote the saying: I hear, and I forget; I see and I remember; I do and I understand. In this last aphorism lies the stress on interactive learning. Programmes can be designed to suit specific learning objectives. Software can be developed to suit all types of learners - slow to fast, low level to advanced levels and also to fit into various time schedules. Question answer sessions can be incorporated into the program to make it evaluation linked. A small instalment of information is first presented to the student. As he goes through the program he can be quizzed to test his learning abilities and based on this additional relevant data can be presented. If the student fails to answer the question, the computer will draw his attention to the screen / s where this information could be found thus making him study the area again and again - until he has understood the topic. The computer prompts him to learn at every stage, step by step. Note that this equipment offers emotion free interactivity - a very useful component in student education. Any number of revision sessions can be availed of. Programs can also be developed to attempt curiosity driven learning. Some of the software development programmes developed by the author and his team has been published

separately (Balasubramanyam et al 1995, 96, 97) and a short summary is presented in this discussion. Trial runs of these software have been conducted at the department of Anatomy, St. John's Medical College, Bangalore. A trial study for the nursing students using computer-assisted teaching has been reported to compare favourably with traditional teaching methods. (Balasubramanyam et al 1996). A software project entitled 'Cell Division' was taken up to assess the utility of computer animations for teaching anatomy. The topic received a positive feedback of its utility as well as objective proof of its utility as an excellent teaching aid (Rajiv Narayan, et al 1997).

Computer based methods of knowledge representation have a great potential for promoting anatomical reasoning (Cornelius Rosse 1995) and integrate the two domains – spatial and symbolic - into a meaningful communication.

By their very nature biomedical sciences cannot be learnt or understood without access to pictorial information. Their dynamic nature cannot easily be demonstrated in lectures or textbooks and they are therefore prime candidates for development of interactive learning materials incorporating multimedia information (Hutchins et al 1992). This is where hypermedia technology can be best applied to computers – a concept of non linear or non sequential data presentation - one which offers a branched menu of options – which allows the users to create their own routes through the body of information. It is a natural extension of the progress of interactive video.

Multimedia :

Multimedia has brought in a giant leap in computer assisted teaching systems and is the closest substitute to a teacher guided learning. Video, stills, audio, animations and

text are blended into an interactive presentation. Clinical case studies can be converted into excellent multimedia databases and offered to students for problem based learning. Computer animation is an interesting aspect of computer technology with extensive applications in teaching embryology, growth and development and for demonstrating structure – function relationships (e.g. cellular basis of immune response, antigen antibody interactions, antibody – surface receptor interaction, enzyme activity in the gastrointestinal tract- to name a few). This technology gives the facility to depict two or three dimensional graphics which morph over time (the fourth dimension) to convey a meaningful sequence of change (Habbal A and Harris PF 1995)

Computer based learning requires a large number of computers and this must ideally be one computer per student. For computer assisted teaching, the small monitor screen is a disadvantage, if it has to be shown to a large audience. A number of projection devices are now available – data projectors and LCD projection panels. Both systems have pointing devices on the enlarged screen which can be operated through the keyboard or mouse. LCD panels convert the computer or video output into images on a fairly transparent LCD sheet, which is placed on a high luminosity overhead projector (daylight projector –7000 lumens). The data projector also does the same but has its own illumination system built in. A cordless mouse completes the picture and provides exceptionally good interactivity in the teaching – learning session.

Given the interactive dimension of the computer as an assured better teaching – learning system, we could consider it for projecting anatomical images and text together with animation and audio to render a better communication. The teacher can draw images on the computer and project it on a large

screen and also store it for reuse in the future. Accessory devices like the cyclops can help the user to interact with the computer while it is displaying information on a large screen. This is an improvement over the mouse and has a cordless interactivity as its essential feature. Popularly called a magic wand it is basically an electronic stick with a lighting device at its tip of such a specification that the data projector can sense its location and the messages sent by it. The end result is that the user is presented with a virtual screen and an interacting computer. Menu driven programs can be controlled through this accessory without time being wasted. This helps to maintain the flow of the lecture.

A colour scanner is an important computer accessory that can be of considerable help to the anatomist. It enables conversion of anatomical and pathological images into digital data that can be processed and stored on a computer. Similarly pictures of clinical cases can be digitized. These images can be photo-edited for sharpness, contrast, brightness, size, morphing, labeling, addition of pointing devices etc. This can be used in developing software specific to the subject. For example all the histology slides can be digitised and a computer atlas of Histology can be generated. Wheater's Textbook of Histology is now available in this format on Compact disc and will run on any multimedia computer – IBM or MAC. Subject dedicated databases can be prepared and given to health care professionals for interactive learning. For e.g. POSSUM – pictures of standard syndromes and undiagnosed malformations – a very useful genetic database. SYNDROC is another useful, simpler database of genetic syndromes. Also to be considered as a useful accessory is a CCD camera with a film grabber card attached to the computer. Histology slides can directly be digitised on the computer without the need of a scanner. Similar

applications can be considered for pathology and microbiology.

Computer graphics form the backbone for developing teaching – learning software for medical education. Large amount of hard disk space is used up for the pictures of the human body and this can be taxing to the computer speed as well as memory. Advances in digital compression technology together with the arrival of faster processors have helped handle this problem. Fractal image compression techniques have come of age (Stephen F Walker 1993) and a number of applications of this in handling anatomical data can be foreseen in the near future.

Cornelius Rosse opines that the basic requirement for any anatomical study is

1. Establishing three-dimensional atlases of the human body.
2. Generating models of symbolic anatomic information and
3. Developing computer programs (user interfaces) that integrate these knowledge sources. Even without displaying the models in 3D space, and without the tactile characteristics of anatomical structures, currently available computer graphics afford a richer appreciation of the three-dimensional quality of anatomy than is possible with the cadaver. Not being destroyed by their disassembly as happens with the cadaver, computer models lend themselves to repeated explorations that may be guided by different objectives. Computer models can:

Display anatomy not only from a regional viewpoint as does cadaver dissection, but also by organ systems.

This display can be generated not only by electronically taking out the model apart

(i.e. dissecting it), but by building up the body systems or regions from their components.

Of late a number of software on Human Anatomy and Physiology are available commercially. These are more or less electronic textbooks and their reviews are on similar lines to that of a medical textbook. Some of these are very well rendered to suit specific objectives of the medical curriculum. The digital anatomist program from the University of Washington is one such innovative attempt in software development for human anatomy. It offers, for example, in one of its releases a dissection of the brain by digitally peeling from the surface at 1mm intervals, a translucent cerebral cortex, sectional views of internal cerebral structures to the ventricles, functional dissection of the major long tracts, and a series of cross sections at various levels. Anatomical dissections applied to medicine (ADAM) are another software with excellent rendering of anatomical images for various curricular levels including a package for doctor – patient communication. Cross sections of the human body can be generated at any level together with relevant CT, MRI and Ultrasound images. Most importantly it offers a virtual platform for attempting dissection of the virtual human body along specified guidelines using the mouse and keyboard as surgical tools. Material presented is obviously vast and the student has to sift though to get the essentials. Similarly the functional anatomy of the heart offers a multimedia blend of information on the structure and function of the heart. In addition to these commercially available packages, there is an acute demand for development of software for anatomy with specific teaching objectives.

Computer based interactive teaching systems:

A recent pilot investigation by a team headed by Kathryn H Roy (1996) at the

University of Wales College of Medicine has its application for medical teaching. In this study the students at the lecture hall were provided with a hand set – each of which is linked to a central integrating computer. Using a series of pre-planned lecture and questions, the teacher asks the students to respond through the handsets – answers may be yes or no types, or numerical entries as examples. The computer software collects the information, analyses the responses instantly and also displays the results for all to see. This feedback linked interactive teaching is possibly an early break from the monotony of passive lecture sessions and also helps the lecturer to device appropriate corrective teaching then and there. At least the teacher has an idea of how many students are able to understand the topic. The success of this system of teaching lies, as in all technologies in the training of both the staff and students to utilize this equipment.

Charles F Bridgman et al from the departments of anatomy and medical communication, University of Kansas Medical Centre, as outlined above earlier proposed the concept of interactive lectures in the seventies. They predicted a central computer system, which can transmit data to various nodal points of the anatomy department. For e.g. cables can send video clippings of an area of dissection from the dissection hall direct to the lecture hall where the lecture on the same topic is in progress. Similarly images of histology slides can be transmitted from the histology lab to the lecture hall as well as the dissection hall. This removes compartmentalization of information and provides the student an organized and integrated anatomy information at a single session and site. Internet can offer inter institutional data sharing and exchange of educational material. Also in the near future we could look forward to a convergence of microprocessing,

telecommunication and television technology through internet enabling teleconferencing between centres across the world.

Internet and its role in anatomy teaching - Salient Features :

Computer assisted instructional programs developed in one medical college or university can be used by other health institutions without problems relating to hardware or software compatibility.

All the people accessing it can get the same version of the document at any given time. This ensures uniformity and constancy of content distributed. As most of us use the popular browsers like netscape communicator or Internet explorer, the information seen in the screen is identical in all the computers.

Also the contents of the website can be periodically updated at a central location and distributed rapidly.

Using your local computer you can access the best of sites suited to your curriculum from different servers from across the world. Eg. Histology can be found at one site while electron microscopy details may be better designed at another website. Since the server computer provides information regarding the specific document asked, it puts a minimal workload on the system.

The WWW does not require standardized computer equipment. Most of the web programs run on a wide range of computer configurations. Program updates also keep in mind the changing hardware configurations from time to time. This makes it possible to use the programs on many different computers regardless of its make, microprocessor chip or speed.

As the traffic on the net is increasing by the day, the response time is also going higher. Research data indicate that as the net response

time increases, the user interest deteriorates (software psychology).

Jaydoc histoweb is one website, which the author accesses for histology teaching. Haematoxylin and eosin stained slides of virtually every tissue of the body are available for study. Text information is inadequate to recommend it for CAL but is excellent for CAT. Similarly the lumen dissector series is a good supplement for the student going through a gross anatomy course. Hundreds of high-resolution colour pictures of the human body – gross anatomy, histology and histopathology are available at several sites on the net for educational purposes. Some of these are accompanied by appropriate text and labeling and many are digital atlases, which can be browsed through. These are stored in neatly classified brochures, which can be accessed by any computer attached to the Internet.

Pictures and data can be downloaded for local use – some websites offer this free and yet others charge a fee. Selected websites offer three-dimensional graphics – a better communication strategy – particularly for embryology. One or two sites have animations to depict specific concepts in medical education. Information downloaded from the net can be stored locally in your computer as saved files. Alternatively a print out can also be obtained.

Students will find many of these websites on medical topics very useful – being interactive tutorials, they induce an element of active learning. Alternatively the learner can browse through the programmes at his own speed and convenience.

These websites can also be used for computer aided teaching – instead of projection slides these web pages can be shown. Appropriate projection devices like the LCD projection panels will be necessary.

A need has arrived for medical teachers and practitioners to be familiar with recent advances in internet technologies as well as the expanding world of academic and commercial web sites (Stephen Sandroni 1997). Time and patience is required to browse through the sites and judge, which of these are particularly suited to your needs. The time spent for this is worth it in the long run. A section of the web sites are presented in this discussion to impress upon the delegates the potential of this new communication technology. Internet assisted medical education overcomes the barriers of time and space and provides an assured medium of interactive learning. Are we heading towards virtual classrooms without geographical and time barriers. If so will students know their teachers? Speculating further the prospect of on-line information resources enhancing the quality of health education and health care looks sure. As medical informatics researchers figure out the best way to deliver clinical information, and medical professionals are better trained to use the new technologies, we will continue moving towards a promising future (William Hersch 1999).

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Teaching Physiology at UG Level

Dr. Ramachandra Rao

Physiology is equally important in many other types of biological science as in the science of human medicine requiring still more specialized books for teaching physiology in

1. dental schools
2. biology departments
3. nursing schools
4. physical education
5. psychology depts

This is all part of the integrated function of the whole animal body the whole that call **Physiology**.

1. How do we identify what student should learn?
2. How do we decide topic priorities?
3. How do we create course content and pedagogy that is aligned with our priorities and learning objectives?
4. How do we communicate the learning objectives to students?
5. How do we assess student success in achieving the Learning objectives.

Physiology education today :

What comes next?

Theoretical foundation for discovery learning

1. The learning theory behind discovery learning.
2. Active learning
 - Meaningful learning
 - Changes and beliefs in attitudes

Current and future impact of technology on physiology education

1. Impact of technology

2. Bloom's taxonomy

What is the future of problem - Based learning in medical education

1. Opportunities for PBL
2. Current threats for PBL

A problem based learning course in physiology for U.G. And G.B.S.S.

- A. Organisation of course
- B. Tutorial sessions
- C. The problems
 - Comparison of formats
 - Dedicated facilitator
 - Evaluation
 - Summaries
 - Papers
 - Participation
 - Evaluation of Facilitators And course
 - Final comments

Involving Students in Experimental Design

1. Student designed questions and protocols using invertebrates.
2. Design Framework and student Questions in an EMG lab.

Defining the boundaries of Physiological Understanding; The benchmarks Curriculum Model.

Steps

1. Define Broad Course and Curriculum Goals Examples. Develop problem - Solving ability and predictive level of understanding.
2. Establish High middle and low priority areas Examples. High priority - nervous and cardio vascular system Low priority- ageing integumentary system.

3. Establish objectives for each unit. Musculoskeletal cardiac. Nervous system. Examples. Understand the mechanical activity of the heart And the relationship between rate, filling-end-diastolic volume and emptying ESV, EF.
4. Establish Benchmarks which define operationally How to know when an objective is reached Example. Predict co based on variation of Heart rate, Stroke Volume . EDV and ESV.

Teachers of Physiology

- A Diversity of Backgrounds
- Interchanging ideas
- Designing programs : An International Perspective
- Introduction and Sequence
- The prescribed curriculum
- Newer Educational approaches and strategies
- Active Learning
- Computer Learning
- Integration and problem - Centered learning.
- Assessment

Priorities

- Nervous System
- Cardiovascular System
- Fluid Balance and Renal System and Acid base balance

- Immune System
- Endocrine Function
- Pulmonary System
- Musculoskeletal System

Goals

- Developing thinking, reasoning, data handling and interpretation skills
- Making realistic applications of learning
- Learning and applying the scientific methods
- Using homeostasis and control as theme
- Integration across disciplines
- Developing three dimensional conceptualizations and relating Form Functions
- Understanding development
- Preparing for qualifying exams

The Future of Teaching Physiology - An International Viewpoint

- Ann Jervie Sefton,
University of Sidney, Australia

- Neuroscience
- Biophysics
- Biochemistry
- Pharmacology
- Anatomy, Histology
- Clinical Medicine
- Cell Biology



Whenever a system becomes completely defined, someone discovers something which either abolishes the system or expands it beyond recognition

- Brooke's Law

Don't be afraid to take a big step when one is indicated. You can't cross a chasm in two small steps.

- David Lloyd George

Teaching Pharmacy at B.H.M.S. Level

Dr. A.K. Mishra*

Aim

The aim of this presentation is to highlight on Teaching Pharmacy at B.H.M.S. level to the learned participants, most of whom are teachers. Stress shall be given on the key success factors in teaching.

Before going to take-up the actual scheme let us, in brief, discuss about the responsibility of a Homoeopathic Physician.

Responsibility of a Homoeopathic Physician :

- i) **Treatment of the patient.**
- ii) **Guidance to the pharmacist**
- iii) **Scientific development of the Homoeopathic System.**

i) Treatment of the Patient

Treatment of the patient is the basic responsibility of every Physician including a Homoeopath. While the different aspects of the treatment is covered under the other subjects the regulation of dose should be covered under Pharmacy. In the recent years a number of Indian drugs have been incorporated into the realm of Homoeopathy. Many of these are prescribed in the form of mother tincture. But unfortunately the dose for these mother tinctures is not fixed. This should be done and the future doctors should be so trained they can take up the work.

ii) Guidance to the Pharmacist

Unlike the modern system of medicine till date we don't have a special pharmacist's course. So, the Homoeopathic Physician must be well trained to guide the general pharmacist as and when required in preparation of medicines, their quality control etc.

iii) Scientific development of the Homoeopathic System

As the potentised Homoeopathic medicines are having no physical or chemical properties of their own (after some lower potency) present day scientists of the allied branches like Physics, Chemistry and Biology are not taking interest in the higher researches to establish the scientificity of the Homoeopathic treatment. The Homoeopathic physician should be so trained as to be able to interact with the scientists of the allied branches to give them clear picture of the Homoeopathic dynamic medicines and carry on further researches in collaboration.

Keeping in view the above responsibilities the teaching of pharmacy at B.H.M.S. level should be imparted, because, there is no scope on the part of a student to learn these under other Homoeopathic subjects like Organon, Materia Medica and Repertory. To achieve this the following schemes should be followed.

Teaching Pharmacy at B.H.M.S. level

- A) Successful teaching of the courses recommended by the C.C.H.
- B) Teaching Additional Materials

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A) Successful Teaching of the Courses recommended by the C.C.H.

The courses of studies recommended by the C.C.H. must be followed because it is the highest authority in framing the same. But at the same time we can incorporate many things within the same frame work. Because, it is not a watersealed compartment rather a broad outline and any newer development can be covered within this frame work.

Examples :

a) **Homoeopathic Pharmaceutical Instruments :** Excluding ointment slab, spatula, mortar and pestle etc. we can expose the students to P.H. Meter, K.F. Apparatus, I.R. Heated Direct Reading Moisture meter, U.V. Spectrophotometer and Thinlayer Chromatography, Microtome, Refractometer, and if possible to Flame Photometer, G.L.C., Atomic Absorption Spectro Photometer, Laminar Flow etc.

b) **Source of Drugs :** The details of collection and preservation of the drugs should be covered. While teaching this we must refer the H.P.I. and the special instructions under different drugs can be discussed. Peculiar Collections like Ambragrisea, Coccus Cacti, Moschus, Lachesis, Buforana, Cantharis, Apis Mellifica etc. be given importance.

c) **Under Preservation of Drugs :** The modern method of preservations should be taken up such as, the causes of deterioration of Pharmaceutical products like Chemical decomposition, Physical decomposition and Biological decomposition and methods of preservation to prevent such deterioration. Different modern methods of sterilisation like : Physical - dry heat,

moist heat (Principles of Sterilisation by Steam under pressure, auto claving etc.), U.V. light, ionising radiation and filtration through a bacteria proof filter. Chemical - Liquid or gaseous sterilisation (use of Formaldehyde, Ethylene Oxide & Cryoxide), Sterilisation by Radiation (Infrared radiation, u.v. light, X-ray, Gamma-ray & Alpha and Beta radiation).

d) **Vehicles :** Latest Chemistry books and the H.P.I. and I.P. be consulted for each vehicle. The tests for detection of impurities should be taught as recommended by the H.P.I.

e) **Methods of Preparation of Drugs :** While dealing about preparation of Mother Tinctures the method of Percolation and Maceration along with other methods of extraction should be delt. For details of Percolation and Maceration any standard book on General Pharmacy (eg :- General Pharmacy by J.W. Cooper and Colin Gunn) should be referred. Under Percolation details like the method, selection of size of Percolator, approximate quantity of menstruum needed to produce the required volume of Percolate, how to know that packing is perfect, Rate of Percolation (10 drops per minute for each 100 gms of drugs in the Percolator after an initial rapid collection of a volume in ml. equal to the no of grams of drug in the Percolator), Percolation as per B.P.C. (Three stages - Imbibition, Maceration & Percolation) etc. should be discussed.

f) This should be given emphasis. For this following aspects be covered.

(i) Genuine crude drug is collected and indentified according to H.P.I. or

where there is no mention in the H.P.I. according to H.P.U.S. or British Homoeopathic Pharmacopoeia or such authenticated authorities.

- (ii) During manufacturing the procedures like calculation of Moisture content, Maceration, Percolation etc. are carried on according to H.P.I.
- (iii) The finished product should be tested for their - Alchol Content (Refer H.P.I. Vol.-III - page - 138 - 140); - P.H. (Refer H.P.I. Vol.I, Page - 227-228); - Weight per ml - (Refer H.P.I. Vol-II, Page-169); - Identification by chemical method or T.L.C. (H.P.I. Vol - IV - Page - 132 - 133); and the Lambda Max (determined by U.V. Spectroscopy).

Thin Layer Chromato-graphy should be delt in details for this any basic books on T.L.C. be refered. We can refer "Identification of Drug in Pharmaceutical formulations by This Layer Chromatography by Dr. P.D. Sethi.

- g) Identification of the drugs : C.C.H. recommends drugs from different sources to be indentified by an under graduate student. For this a lot of time is required and it can't be covered up within 100 hours of practical and tutorial classes. However, if we keep fixed sides of the Parts of the Plants used for medicines and show these to the students we can save some time.
- h) General Laboratory methods : Filtration, Distillation, Sublimation, Solution etc. should be discussed thoroughly giving importance on their use in Pharmaceutical

Procedures and not as used in ordinary Laboratory Procedures. Example Under distillation; the following aspects be covered. Simple distillation; Fractional distillation, different types of Condensers; selection of Condensers, efficiency quality of the cooling surface, the velocity of the vapour, extent of vapour/surface contact); Reflux Condenser and Distillation Under Reduced pressure, etc.

Under Solution, the aspects like Disperse system (true solution, ordinary suspensiions, colloidal solution), Saturated solution, Super Saturated solution, factors influencing Rate of solution etc. be covered.

Under Filtration : Filtering media, filtration of volatile liquids filtration of solid substance, Accelerated filtration, Membrane filters, filtration through Sintered glass funnels, filtration under reduced pressure etc. should be delt.

- i) Drug Proving : Under drug proving at least one Polychrest drug and one new drug can be reproved/proved by the students on a double blind method.

Reference Books :

The most important part on the part of a teacher in pharmacy is to acquaint himself with various latest books. The books available on hom. pharmacy are not standard books. Therefore, the teacher should refer - H.P.I., I.P., B.P.C., advanced books in Chemistry, Physics, Biology and also books on modern Pharmacology and different branches of it

(Pharmaceuticals, Pharmacognosy, Pharmacology and Toxicology, Pharmaceutical Chemistry), and journals on Pharmacology etc.

For successful teaching stress should be given more on practical classes than theoretical classes. Courses can be better covered by teaching in the laboratory than on the blackboard.

B) Teaching Additional Materials :

Under this the following aspects can be covered

- i) Standardization of Homoeopathic medicines as per H.P.I.
- ii) Common pharmacological experiments to study the actions on C.N.S., Kymograph, Electro Convulsometer etc.
- iii) The theory of POSITRONIUM and the application of the same in solving the potency problem.
- iv) Comparative study of the pharmacological actions of the drugs and their dynamic actions mentioned in the Materia Medica (proving and clinical). By such study we can conclude that there is much similarity between the Pharmacology actions and the Proving symptoms of a drug. Example - The common Pharmacological actions of Belladonna are due to the anticholinergic agents (Atropine, Hyoscyamine and

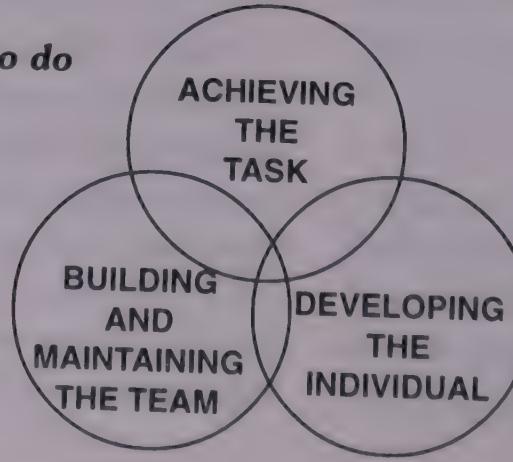
Scopolamine) present in it. It may be stated here that Atropine poisoning presents with the more obvious peripheral effects like dry mouth (with dysphagia), Mydriasis, blurred vision, hot dry skin, and in addition hyperuria, restlessness, anxiety, excitement, hallucinations, delirium, mania etc., and later cerebral depression and coma. It has been described with characteristic American Verbal Felicity as "hot as a hare, blind as a bat, dry as a bone, red as a beet and mad as a wet hen". All these symptoms have found place in our Materia Medica under Belladonna.

This type of study will help the students understand Materia Medica better with scientific explanation for the symptoms.

- v) Proving of new drugs with reference to Bowel nosodes and Bach flower remedies etc. If Edward Bach could prepare effective drugs from the Bowel flora of the persons suffering from chronic diseases why can't we prepare drugs from the Oral Bacterial Flora or from the different body fluids, body excretions, bone marrow, C.S.F. (as in meningitis) etc. and incorporate these into the field of Homoeopathy ?. Teaching Pharmacy should cover these innovative ideas so that the students in their future life can contribute a lot to this science of healing art.



What a leader has to do



Source : Adair, Effective Leadership

Teaching Methodology for Ob & G in Homoeopathic Curriculum

Dr. Shivaprasad K*

Aim:

Study of females as described in Organon [Case taking] and integrating with the modern OB&Gy clinical conditions.

Objectives:

At the end of the course the learner

1. Should be able to take up OBGY case with respect to various roles of female.
2. Should be able to demonstrate the clinical skills.
3. Should be able to correlate the clinical conditions and differentiate medicines from H.M.M.
4. Should be able to describe the scope / limitations of Homoeopathy in each clinical condition.

1. With reference to footnote 87 of Aphorism 94, "In chronic diseases of females..." and also understanding the female as an individual in her reactions to environment i.e., family, work, social set up; her responsibilities and commitments.

Different roles of female; as pre - pubertal girl, as adolescent girl, an adult women, as menopausal women can be identified. This will help in correlating clinical conditions commonly appearing in a particular stage of life.

Whatever be the clinical diagnosis female reactions is varied. These characteristic features have to be identified. This process will make the study interesting to arrive at a remedy specially and resolution can be formulated easily.

2. Clinical Skills

- Interview techniques.
- Examinations especially in Antenatal cases.
- Relevant Investigations

3. Scope / Limitations of Homoeopathy

This will enable the Learner to realize the potentialities of Homoeopathic System in majority of Gynecological conditions and Antenatal cases.

Clinical Skills:

Interview Technique :

A detail case taking is required to understand the problems of the female. For this a Format can be provided to the Student to get conversant with the various aspects of case taking in females. This is classified under Menstrual function, Leucorrhoea, Sexual function, Obstetric History, Labor, Neonatal Problems, Postpartum, Lactation, Particulars of Each Pregnancy. Further providing the various components of each classification, the student will be able to analyze the data, arrive at probable clinical diagnosis and appreciate the response of the individual female in such conditions.

Case Format

Menstrual Function

F.M.P: [First Menstrual Period to be mentioned here]

L.M.P: [Last Menstrual Period to be mentioned here]

Menarche: Early / Late [Encircle the relevant data]

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Amenorrhoea : Primary / Secondary [if any need to be mentioned here]	Soreness
Menopause : When and how did it appear in this female need to be mentioned.	Itching
Menses Cycle : Regular / Irregular / Continuous / Intermittent. Days of Cycle:	Burning
Duration of the Flow :	Pain :
Menstrual Bleeding :	Back
Quantity	Abdomen
Colour: Black / Brown / Dark-red / Pale / Pink	Radiating
Clots :	Extremities
Consistency	Urinary
Menstrual flow : Odour :	Sexual Function
Stains : Colour / Fast	Desire : Homosexual
Concomitants: [This will help in easy Repertorial References]	Heterosexual
Before :	Other
Beginning :	Increased
During :	Decreased
After :	Suppressed
Changes in Menstrual function	Absent
Early Years [first 3-4 years]:	Masturbation : Frequency
Before marriage :	Sex Relationship :
Marriage after :	Marital [State effects produced]
Pregnancies after :	Premarital :
Recent :	Extramarital :
Climacteric :	Others :
Menopausal :	Coition : Frequency
Post Menopausal :	Foreplay
Leucorrhoea	Position / s
Onset	Excitement :
Duration	Normal
Character : Acrid / Bloody / Colour	Decreased :
Occurrence :	Early :
Coition after :	Fantasy :
Menses: Before / during / after.	Orgasm : Normal
With debility	Reduced :
With exertion	Absent :
With Masturbation	Vagina :
With Sex desire	Lubrication :
With worms	Normal :
Effects :	Decreased :
	Increased :
	Dryness :
	Spasm :
	Numbness :

Cracks :

Obstetrics History

Pregnancies : Gravida : Para :

Abortions : [State effects on Body & Mind]

Natural :

Induced :

Habitual :

Threatened :

Antenatal Period :

Age at the time of Conception :

Planned / Unplanned [Unwanted] Pregnancy

Desire for Male / Female Child

Antenatal History :

Weight gain :

Morning sickness :

Pierces :

Pica :

Backache :

Fetal movements :

Edema :

Proteinuria :

B.P. :

Convulsions :

Skin Pigmentation :

Piles / Varicose veins :

Bleeding / Vomiting :

A.P.H. :

Infections :

TORCH :

Drugs :

Others :

Mental State Pregnancy during :

Labour :

Uterine inertia :

Rigid Os

PPH :

Type of bleeding :

Associated symptoms :

B.P. :

Pulse :

Temp. :

Placenta :

Delivery :

F.T.N.D. :

Forceps :

Vacuum suction :

Caesarian :

Version :

Induced :

Premature :

Postmature :

Birth weight :

Neonatal Problems :

Asphyxia :

Jaundice :

Sepsis :

Cord Infection / Bleeding :

Postpartum :

Lochia :

Sepsis : Pelvic infections

Incisional lesion infection :

Mastitis :

Lactation :

Agalactorrhoea :

Cracks in Nipples :

Hardening of Breast :

Mental State during Post partum :

Mother / Foetus Bond: Attachment

Ambivalent

Rejection

Delayed [Isolation]

RH Incompatibilities :

Adopted :

Age at the time of Adoption :

See Table 1

Table 1

Description	Problems Mother	Birth weight	Problems Child

This format will also be a checklist of symptoms / related clinical data, which gives data, base at the end of interview.

Orientation regarding the above format may be arranged in classroom teaching through Black Board representations, O.H.P sheets and audio visual aids.

Audio visual aids can be used to encourage students for understanding the Conduct of Labor, Foetus in Utero, Congenital anomalies. Theoretic learning can be accomplished by these methods.

Demonstration of examination skills in O.P/ I.P patients.

Gynecology cases can be taken help of Speculums, Retractors in Aseptic conditions.

Student is made aware of the necessity of each examination.

Obstetric cases: Antenatal as well as Postnatal cases need to be demonstrated in O.P / I.P set up.

Various aspects of INSPECTION, PALPATION, ASCULTATION, PERCUSSION shall be demonstrated with the help of a case.

A special emphasis need to be given when the dilemma of referring cases to a expert is arising. A second opinion is a good proposition if a student is in doubt. With Reproductive Health becoming an important aspect of Medical System, concept of having a Healthy child, Healthy mother is the aim of every one.



Make no little plans ; they have no magic to stir men's blood and probably will themselves not be realised. Make big plans; aim high in hope and work, remembering that a noble, logical diagram once recorded will not die.

- Daniel Burnham

Very few things happen at the right time and the rest do not happen at all. The conscientious historian will correct these defects.

- Herodotus

Never doubt the power of a small group of committed people to change the world. That's about the only way it has even happened in the past.

- Margaret Mead

A great wind is blowing that gives you either imagination or headache.

- Catherine the Great

There is no limit to the amount of good that people can accomplish, if they don't care who gets the credit.

- Anonymous

Clinical Teaching at UG Level

Dr. P.K. Sudhakar

Aim : *To Realise the significance of Clinical Teaching*

Objectives : At the end of the session the participant will be able to :

- have an awareness of the objectives of medical education and the changing trends in the field.
- know the objectives and types of Clinical Teaching.
- device the methodology for Clinical Teaching
- clearly know the **do's and don'ts** of Clinical Teaching.

Introduction :

Education is a process, the chief goal of which is to bring about changes in human behaviour. The term behaviour means thinking, feeling and acting and therefore behavioural change involves acquiring new ideas, habits, attitudes, interest, ways of thinking and professional skills, or changing any or all of them.

Education objectives are mainly classified as belonging to 3 domains depending upon the goal to be achieved.

knowledge of his field, but is unable to act is a defective product.

This awareness has resulted in some changing trends in medical education.

See Table 1

These trends indicate the significance and relevance of clinical teaching aimed at imparting knowledge, skills and right attitudes. Hospital wards, Out-patient units and clinics, provide the ideal situation for learning the clinical subjects i.e., Practice of Medicine, Surgery, OB&G, Materia Medica, Organon of Medicine & Homoeopathic Philosophy and

Table 1

➤ Class room / hospital oriented	Community Oriented
➤ Transmission of Biomedical knowledge	Development of Professional Skill and Attitudes
➤ Subject based	Problem solving based
➤ Disciplinary teaching	Integrated teaching
➤ Passive teaching	Active learning
➤ Verbal media	Audio Visual media
➤ Testing of knowledge and information	Evaluation of competency
■ Cognitive domain - Acquiring Knowledge	Case taking & Repertorisation. The professional atmosphere containing the patients, their relatives, doctors and para-medical staff, motivates the student intensely, because he instantly perceives it as the real setting in which he is going to function as a physician in the immediate future.
■ Psychomotor domain - Acquiring Skill	
■ Affective domain - Developing Attitude	
Education, especially professional education is not only knowledge but also appropriate action. A Medical graduate who has a fairly comprehensive	

Objectives : A wide range of educational objectives could be attained by clinical teaching and no amount of class room teaching can be a substitute.

New Knowledge : No doubt the student does acquire considerable knowledge and factual information also through clinical teaching. However this objective should be given least emphasis during clinical teaching because there are alternative and effective methods for imparting knowledge.

At the end of undergraduate training programs, it is expected that a student will be able to achieve proficiency in the following clinical, interpretative, laboratory, medico-legal skills and communication skills.

- Learning the art of case taking and performing a humane and thorough clinical examination.
- Ordering appropriate investigations, keeping in mind their relevance and cost-effectiveness.
- Learning the clinico-pathological and miasmatic correlations in relevant cases.
- Learning analysis and evaluation of cases in order to arrive at a working diagnosis and establish the totality of the case.
- Developing the skill to convert the selected symptoms & signs into rubrics and to use appropriate repertories and also to learn the application of computer in this field.
- Planning and instituting a line of management depending upon the case (Acute & Chronic) curative / preventive / palliative, whichever is appropriate and cost-effective.
- Learning the various strategies of prescribing skills.
- Learning the application of theory and practice of Homoeopathic philosophy at the bedside.
- Recognising the cases that call for urgent treatment at special medical centres and making a prompt referral of such patients, i.e., understanding the limitations of the working setup and the system of medicine.
- Developing a sound clinical approach so that the student can appropriately interpret all the collected data, considering all the different disease diagnostic possibilities without bias, arrive at the right miasmatic, individualistic & therapeutic diagnosis & start treatment procedures and follow-up the prognosis of the case. In this area the student is involved in the highest cognitive activity in his professional education.
- Learning hospital procedures involving skills at the bedside, hospital laboratory, pharmacy and so on.
- Interpreting abnormal laboratory values, scan & skiagram reports.
- Performing examination and issuing of proper and relevant medico-legal certificates.
- Learning practical and manipulative skills e.g. Performing Cardio-Pulmonary-Resuscitation, Control of Surface bleeding, Catheterising urinary bladder, etc.
- Sound professional attitudes, behaviour patterns and communications skills develop during the clinical studies by observing the behaviour of the teachers and also by interacting with them as well as patients, their relatives, one's own colleagues and paramedical and other staff. Critical thinking and readiness to admit one's failures are hallmarks of a learned person. The hospital setting provides opportunity to imbibe and develop all these qualities.

Types of Clinical Teaching :

Clinical Teaching falls under two main categories :

1. Bed-Side Teaching :

As a scheduled teaching programme. The teacher is functioning solely as a teacher and is not usually called for hospital duty.

2. Teaching-cum-Clinical work

This is done in the outpatient departments, casually wards and community health centre and also during the ward rounds etc. Here a compromise has to be made - clinical duties can suffer causing discomfort or problems to the patients. This may also be a cause of discontentments and complaints. Therefore special care has to be taken in effectively performing this type of teaching. A clinical teacher should maintain a balanced approach both to patient and students.

The third type of "Clinical Teaching" very

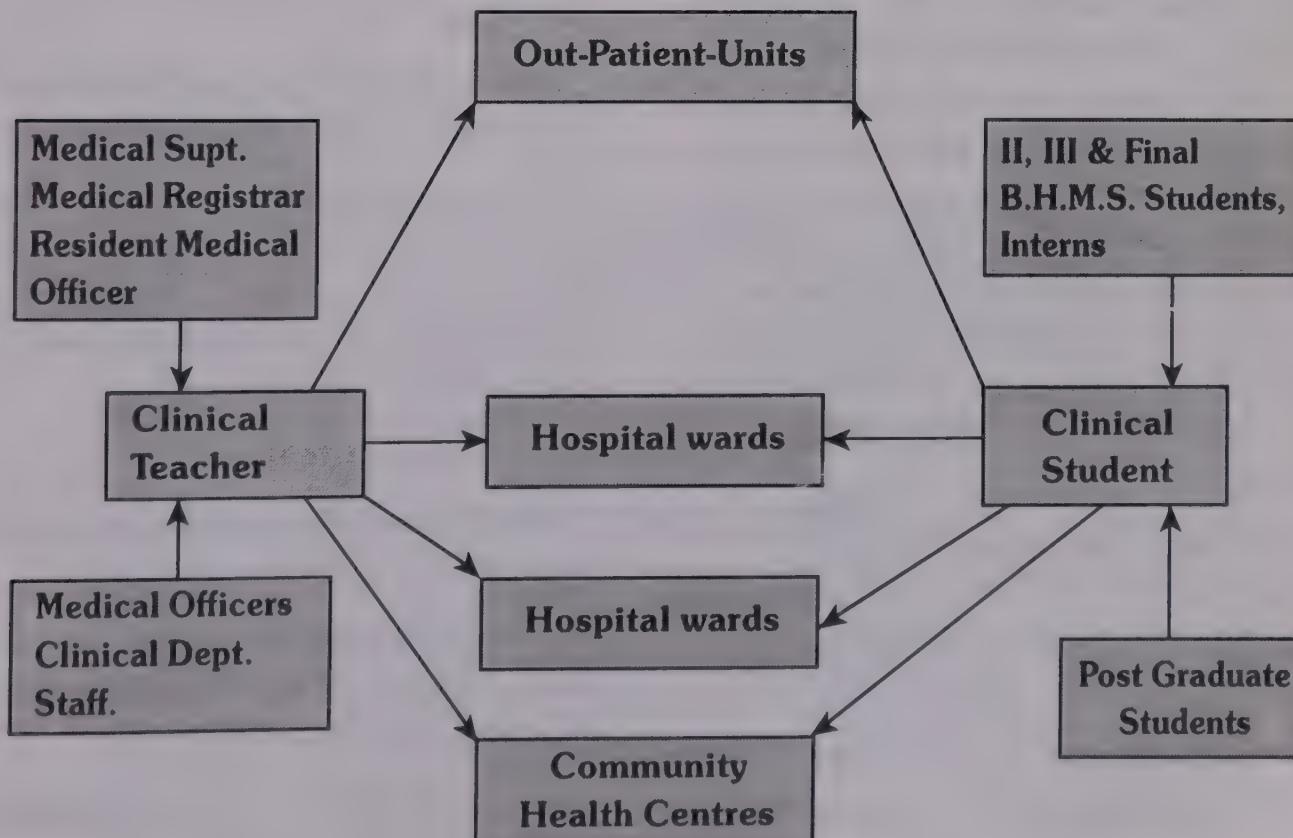
commonly done is "Clinical Lecture". Here the basic mode of teaching is lecture and the bringing of patients to the lecture hall, thus creating interest in the students. The chances of acquiring clinical skills, problem solving ability and professional attitudes are little. However, lecture has an important place in teaching clinical subjects.

Methodology (Clinical Set-up) :

See table 2

The B.H.M.S. course is a professional medical course and the graduates are expected to acquire the desired skills for their professional work. Knowledge alone is not enough and it is only preliminary to the acquisition of skill. One of the major directions of educational reforms in medical school is shift from knowledge acquisition to competency - based learning. It has been suggested that at least two-thirds of the curricular time should be spent in clinical skill training.

Table 2



Advantages :

- Facilitates active learning.
- Permits the development of all three domains of educational objectives.
- Develops the qualities of scientific thinking, observation, problem solving skill and decision making capacities.
- Develops confidence and conviction.

Guidelines for Clinical Teaching :

- The ideal number of students for clinical teaching is 10 to 12 per batch.
- The teaching method chosen should be appropriate for the specific objective to be attained.
- Clinical teaching should proceed on the lines of group discussion, rather than as a mini-lecture delivered to a group of 10 to 12 students with the patient as a witness.
- The good old method of posting cases to the students is the best way of helping the student learn all the skills in history taking, physical examination, writing case sheets, analysis and evaluation of the case, presenting the case during the "clinics" and getting corrected. The teacher should ensure that the student is actively involved in the process of arriving at a diagnosis (disease / individual), planning, treatment and follow-up. Problem solving ability is learnt only this way.
- The teacher should help the students, in case taking, physical examination, analysis & evaluation and repertorisation, by
 - a) explaining what is to be done
 - b) demonstrating how it is to be done

- c) making the student practice the same
- d) providing immediate feedback to him
- The teacher should demonstrate the clinical interview, opening the interview and interview techniques in difficult and 'search cases' by keeping the students as observers in the wards / OPD.
- The teacher should inculcate the various strategies of prescription skill in students and also convince them, the principles and practice of homoeopathy at the bedside by the showing positive results, as far as possible.
- The teacher should have a standard approach in data collection, data processing, data analysis, and in individualisation and also in therapeutic action.
- The teacher should explain rationally and scientifically the action carried out, especially the treatment modalities in each case.
- The teacher should expose the students to as many types of cases as possible.
- Teacher allowing himself to be questioned freely should also openly admit his failures and correct them if required. This way, the student develops critical thinking and humility.

Pitfalls in Clinical Teaching :

- Most often no definite objectives are laid down by the teacher for the clinics.
- Usually clinics becomes a mini - lecture, with imparting of knowledge being the principal objective.
- Skills in elicitation of physical signs are usually not demonstrated.

- Usually the student presenting the case becomes the "victim" of criticism and questioning. Others remain passive spectators.
- Usually the same things are repeated every day e.g. - interruption during case presentation to ask the same question - e.g. every time the candidate says "no clubbing" - "What are the causes of clubbing ?" and during the "presenting compliant narration" - "What is a complete symptom ?" etc.,
- In a group of students, passive members often remain totally ignored by the teacher.
- Huge gap between theory and practice.
- In the out-patient departments, detailed clinical discussions lead to crowding of patients, delay in giving proper attention to the patients, and these lead to confusion, complaints and trouble.
- More often the basis of the prescription is not discussed.

- Usually the number of clinical students is more than the optimum.
- Availability of patients for clinical teachings is meager.

Summary :

Clinical teaching has all along been a part of the Homoeopathic Medical Education everywhere. But, in most of our teaching institutions, this component of medical education is yet to catch-up with the modern developments in the field. For the reasons cited here, clinical teaching has to be toned-up in the light of modern knowledge, methods & techniques available in the field. If a Homoeopathic graduate has to learn clinical skills in a competent manner, the curricular process has to shift from the traditional knowledge based model to a skill oriented competence - based model. Clinical teaching has to be given due importance in our curricular programs and no amount of classroom teaching can be a substitute for it. An attempt has been made in this paper just to lay adequate emphasis on the need of more effective clinical training.



The benefits of team-work

agreeing aims

clarifying roles

sharing expertise and skills

maximising use of resources

motivating, supporting and encouraging members of the team

improving relationships within the staff group

encouraging decision-making

increasing participation

realising individual potential

Improving communication

increasing knowledge and understanding

reducing stress and anxiety

Source : Bell, L. Managing Teams In Secondary Schools

Teaching Materia Medica at UG Level

- The art of communication

Dr. N.S. Prasant*

"As our teachers are so are our institutions"

A good teacher motivates the students to think and guides them in the pursuit of knowledge.

The ability to realize the potential of the students and encourage them to think is a quality of a good teacher irrespective of the subject to be taught and teaching. The teaching of the homeopathic Materia Medica is no exception.

The homeopathic teachers of the first one and half years of the course should realize that primarily they are dealing with a bunch of people who lost the race to the MBBS and have opted for the BHMS course as the next option and when they finally show up for classes are a pretty depressed lot. The first impressions are the best impressions. Hence all the teachers at this level have to strive to motivate and induce confidence and enthusiasm in the students, because at this very unsure juncture, the budding homeopathic students may "MAKE OR BREAK". Introduce them to Burnett's "50 reasons for being a Homeopath". Materia Medica should be taught in the next 4 + years in such a way that it's study should become a lifelong habit.

As regards the syllabus all the important polychrests, about 70 of them are dealt with in the first one and half years. This should be reduced to only 20 to make it more instructive to the students. In the beginning the plan to teach Materia Medica in the subsequent

periods also should be carefully drawn and should be adhered to. At the very beginning, the history of medicine and the genesis of "scientific medicine" from magic etc. should be introduced. The different schools of medicine beginning with Hippocrates and his theories of various causes of diseases, his therapeutic principles, Paracelsus and his theories dominating the field of medicine for the next 1200 years, Galen and his Principles which again dominated the medical world for a long time, the gradual transition of medicine from the purely instinctive to the very "rational".

- The physical basis of disease and the biological basis of disease, which concurrently spread, with the dawn of the new age viz. Industrial revolution and the subsequent advances in the field of chemistry which reflected in the field of medicine in the form of compound drug preparations and their applications in specific disease entities etc.
- The periodical shift from environment to host and vice versa as the cause of the diseases.
- The biological basis: Advent of Louis Pasteur and Robert Koch and the microorganisms.
- The advent of Hahnemann in the 18th century, his contribution, his line of thinking.
- The therapeutic law of Arndt Shultz.
- Drug proving -Cinchona.
- Material doses- accidental poisoning and toxicological effects of substances used as drugs.

* Principal
Govt. Homoeopathic Medical College, Cuddapah

- The therapeutic law or nature's law of cure- its proper interpretation and the application by Hahnemann- the fourth dimension of matter-drug dynamization.

Discuss the dynamic influences and the inimical dynamic influences as the cause of disease i.e. dynamic theory of diseases and the dynamization of drugs. Symptoms and the classification various terms used with the meaning and explanation at least in brief. Then dealing with the physiological action of drugs and individualization. A teacher of Materia Medica must be well versed with the basic tenets of homeopathy so that he can create interest in the subject to be learnt and studied. At the same time the teacher of the allied subjects should deal the subjects with the proper homeopathic orientation.

- **Anatomy** - Various tissues and structures and the affinity of various homeopathic drugs.
- **Physiology** - Various functions of tissues and organs. The 33 different kinds of functional disorders- underfunction overfunction and malfunction and how homeopathic drugs in their provings produced these three kinds of functional disorders.
- **Biochemistry** - The chemicals that are necessary for the survival of the organism, metabolism and catabolism. The role of trace elements and hormones in health and disease, various symptoms produced and the affinity of drugs.
- **Pharmacy** - the source of drugs- parts used- preparations etc. etc. In one word the ideal teaching at this level of the first one and half years of all the subjects to inculcate the spirit of homeopathy in the students. In the sense that the teaching is not only the job of the Materia Medica.

In the next academic year the teaching should be more clinical oriented at the bedside. Recognition of various signs and their importance for therapeutics purposes and individualization.

- **Pathology** - various structural changes produced as the effect of diseases, explanation of various terms. Affinity of drugs to various lesions or structural changes.
- **Microbiology** - Which forms the biological causes of disease- and the how they are the end products of the disease rather than the cause of the disease.
- **Preventive and Social Medicine**- Disorders due to deficiency and excess, and the affinity of drugs, nutrition in relation to health and disease and cure. How either deficiency or excess disorders mimic natural diseases, pseudochronic disorders etc.
- **Toxicology** - Dosage and its importance, distinction and difference between therapeutic and toxicological doses. How one class of toxins produce identical effects, the determination of toxin only by chemical analysis of discharges. How homeopathy determines the differences between the substances by dynamization which bring out the finer aspects of mental symptoms, differences in the discharges and the relation of such discharges to the man viz. Discharges aggravated the patient or ameliorated the patient.
- **Surgery** - Surgical diseases, structures involved.
- **Scope and limitations of Homeopathy.** Affinity of drugs for certain tissues and organs.

- **Obstetrics & Gynaecology** - to study the affinity of drugs in these areas,
- **Medicine** - Therapeutics.

At this level while dealing with the polychrests emphasis should be on portrayal of the drugs i.e. the pure picture of drugs.

The next academic year should see the teacher laying more emphasis on the comparative teaching of the *Materia Medica* and the role of the rare and partially proved drugs. At this level of the final BHMS, the miasmatic evolution of drugs should be dealt with, both at the clinic and the theory classes, gradation of the symptoms of various drugs as per the repertory should be taught. One may possess a wealth of knowledge that doesn't necessarily make him a great teacher,

at best it provides the scientific part of teaching while teaching is an art of communication.

At every level train the students to utilize the windows of knowledge i.e.

Eyes - Vision - inspection.

Nose - Smelling - various odors.

Ears - Listening - Subjective symptoms.

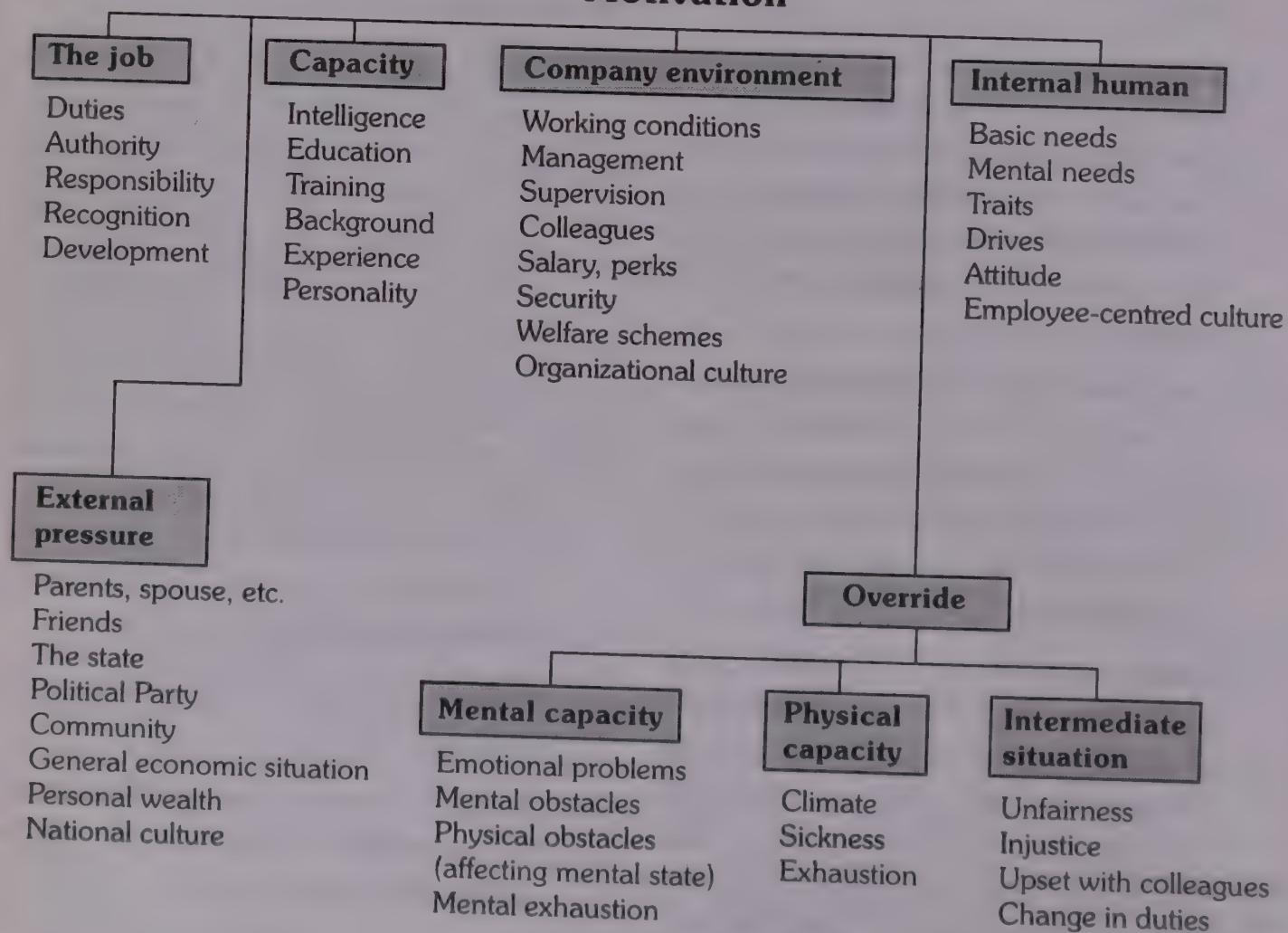
Touch - Tactile - Palpation.

Let the teacher dissect the drug into what to see-objective, what to hear-subjective, what to feel-variations in structures, temperatures etc., smell-odors of various natural and abnormal discharges and in crude form the drugs, what does it taste like. Every teacher of every subject should adopt and insist on these methods for a thorough training of the students.



The Main Factors affecting motivation

Motivation



Source : Betts, P.W. - Supervisory Management

Teaching Repertory at UG Level

Dr. D.P. Rastogi*

The totality of symptoms in contrast to pathology plays the key role in understanding a drug or patient in Homoeopathy. The selection of similiimum from vast symptomatology of *materia medica* always demands some or the other way of differentiating or sorting out similar looking drugs and Repertorisation is one such comprehensive, scientific and errorless way of doing this exercise. The roots of Repertory idea can be seen as early as 1816 in preamble to *Materia medica Pura* by Hahnemann himself as "For the convenience of treatment, we require merely to jot down after each symptom all the medicines which can produce such a symptom with tolerable accuracy, expressing them by a few letters (Abbreviations) and also to bear in mind the circumstances under which they occur, they have a determining influence on our choice, and proceed in the same way with all the other symptoms, noting by what medicine each is excited from the list so prepared we shall be able to perceive which among the medicines homoeopathically covers the most of the symptoms present, especially the most peculiar and characteristic ones - and this the remedy sought for." This laid the foundation of the present day repertories.

From the first repertory *Fragmenta De Viribus Medica Mentorum Positivis* published in 1805 by Hahnemann himself, the profession has seen a large number of repertories and the search for an ideal and complete repertory will go on unabated in future.

* Former Director, Central Council for Research in Homoeopathy, New Delhi

The credit for publishing the first repertory goes to Von Boenninghausen. Boenninghausen published *Repertory of the Antipsorics* in 1832 with a preface by master (second edition in 1833). This repertory was used by Hahnemann himself in his practice.

In 1835, Boenninghausen's *Repertory of medicines* which are Non antipsorics and in 1836, came an attempt at showing the relative kinship of Homoeopathic medicines. All these publications were combined to form his masterpiece *Therapeutic Pocket Book* which was published in 1846 in German. This became the standard reference work used by most American homoeopaths including Stuart Close, Caroll Dunham, H.N. Guernsey and T.F. Allen. In 1900 Cyrus Maxwell Boger made a new translation of the Antipsoric remedies into English. It contained 232 pages. Dr. Boger continued to enhance it until his death in 1935. He made so many additions and new rubrics that its final size was 1040 pages an almost five fold increase. This repertory later grew into Boger's Boenninghausen's Characteristics and Repertory in 1905.

Types of repertory based on the philosophy of construction.

1. Based on the philosophic concept of totality of symptoms. Examples : Boenninghausen's Repertories
Repertory of Antipsorics - 1832
Therapeutic pocket Book - 1846
Boger Boenninghausen's Characteristics and Repertory 1905.
Repertory with Synoptic Key by Boger.
2. Concept of general, peculiar and particular symptoms.
Constantine Lippe's Repertory of more

Characteristic Symptoms of the Materia Medica (Son of Adolf Lippe) in 1879.

Lee's repertory in 1889

Kent's Repertory on Homoeopathic Materia Medica (first edition in 1897).

(Dr. Edmund Jennings Lee Repertory of Mind and head is based on unreleased second edition of Lippe's repertory and from notes and additions from other Homoeopaths including E.W. Berridge in England and J.T. Kent in United States. But Lee became blind and his unfinished manuscripts were given to Kent who continued to work on them).

Later on to keep the repertory up-to-date by preserving symptoms and drugs not listed in Kent's repertory and include their confirmation by cures as well to make available the primary and repeated provings of younger authors. Synthetic Repertory (three volumes) containing only general symptoms by Horst Barthel and med. Will Klunker was Published. It contains 1594 drugs.

Volume I : Psychic symptoms by Dr. med. Horst Barthel.

Volume II : General Symptoms by Dr. med. Horst Barthel.

Volume III : Sleep, dream and sexuality by Dr. med. Will Klunker.

Others involved in the work.

Dr. P. Schmidt of Geneva, Dr. Roger Schemidt and Alain Nande of San Francisco, Dr. med. Jacques Baur of Lyon.

Kent's comparative Repertory of the Homoeopathic Materia Medica : by Guy Kokelenberg and Rene Dockx.

Synthesis (Repertorium Homoeopathicum Syntheticum) by Frederik Schroyens in 1993. It is an enlarged Kent's Repertory linked to Homoeopathic software RADAR based on sixth edition of Kents Repertory in toto.

Complete Repertory by Roger Van Zandovert contains 893 drugs.

Thematic Repertory by J.A. Mirilli

3. Other repertoires which have no philosophical basis.

(a) Alphabetical repertory

Glazor's first Alphabetical Pocket Repertory at Leipzig in 1833.

Clofar Muller - Systematic Alphabetical Repertory in 1848.

Bryant - An Alphabetical Repertory in 1851

Phatak's Repertory

Homoeopathic Medical Repertory

A Modern Alphabetical Repertory. by Robin Murphy, in March, 1993.

(b) Concordance repertory

Repertory of the Herign's Guiding Symptoms by C.B. Knerr.

The Concordance Repertory of the Materia Medica by William D. Gentry.

(c) Clinical Repertories

Oscar E. Boericke's Clinical Repertory appended to Handbook of Homoeopathic Materia Medica by Dr. William Boericke.

A clinical Repertory to the Dictionary of Materia Medica by Dr. J.H. Clarke.

Causations by Bhardwaj

Times of Remedies by Boger

Bell's diarrhoea

H.C. Allen's Fevers & others as pointed out earlier.

(d) Card Repertories

W. Guernsey

Sankaran's (420 cards) (292 Remedies) in 1959.

Broussalian card repertory in 1969.

The Kishore cards & others as pointed out earlier.

(e) Mechanically aided repertory

i. Dr. Patel's Autovisual Homoeopathic Repertory.

ii. Dr. Patel's Autovisual Miasmatic Repertory.

(f) Computerised Repertoires

1. 1979 Le Repertoire De Kent "Melanie" Docteur Georges Broussalian (10000 Rubrics).
2. The Lamnia Homoeopathic Repertory Analysis System (Australia) lists 14700 symptoms of Kent.
3. Homopath - Dr. Jawahar J Shah, India
4. Kentian-Sai Homoeopathic Book Corporation
5. Mac
6. RADAR
7. HRS developed by ICRA (Centre for Informatics Research & Advancement).
8. Polychresta
9. C.A.R.A. - Installed at Royal London Homoeopathic Hospital by 4 - Front Computer England Ltd. England.
10. Micropath-Micro Therapeutics Ltd. England.
11. Homoeorep-Boenninghausen's Technique - Dr. Robert Bachelier, France.
12. The Profile - D.J. Vidlard, France.
13. The Samuel - The Co-operative Association, Holland.

Details of Some Lesser Known and Latest Repertoires

Boenninghausen's Repertoires

Boenninghausen accepted the following fundamentals as proposed by Hahnemann

1. Nothing can be known of a disease except through symptoms.
2. It is the patient who is ill and not his parts or organs.
3. Symptoms are the only unfailing guide to the selection of the remedy.
4. Peculiar, characteristic individualizing symptoms, as against the common symptoms denote the similar remedy. The remedy can hardly even be indicated by a single symptom however so ever peculiar. He proposed four components

of a characteristic symptom as Location, Sensation, Modality & Concomitant.

5. He comprehended the difficulties encountered in securing a complete picture of the case (lack of observation existed in provers as existed in patients). He suggested the incomplete symptoms could be reliably completed by analogy. It implies that missing components of a symptom could be completed by analogy.

Knerr Repertory

It is an index to Hering's guiding symptoms prepared by Dr. Calvin B. Knerr.

The order of arrangement or method of classification, followed in the compilation of this repertory is the one inaugurated by Hahnemann, developed, perfected and used by Hering through his entire *Materia medica* work viz. the anatomical or regional division into forty eight chapters.

Each chapter is alphabetically divided into sections and rubrics without destroying consistency as a whole. The basic difference of this repertory from Allen's symptoms register is that it contains symptoms and remedies not only from provings and toxicology, but also from clinical provings and confirmations. To represent it different grades have been used.

This concordance repertory is one of the few repertoires where symptoms have been placed unbroken by preserving the original words / expressions so that they retain the most delicate shades of meaning to maintain individuality which is very vital in the selection of simillimum. Generalisation has the drawback of destroying the fine delicacy of symptoms with Boenninghausen repertoires and to some extent with Kent's Repertory. Let us take example of a mental symptoms Forgetful. Knerr has listed first, all the remedies which have forgetfulness in general followed

by smaller rubrics which have special association with a particular circumstance or condition or are related to a specific time frame in an alphabetical order. This arrangement though systematic and good is impractical in repertorisation process. Therefore this repertory though useful has been rarely used by profession.

In comparison to Kent's Repertory, rubric placing is more appropriate in Knerr's Repertory e.g. Jaundice has been placed under section liver and gall stones have been given a separate rubric.

3. Thematic Repertory by J.A. Mirrili

The author opines that it is very difficult to understand homoeopathic knowledge from hitherto available Clinical & Pure Materia medica and Repertories. He has tried to express the thematic philosophy of the study of homoeopathic symptoms by organising the symptoms of Pure Materia Medica and repertory by themes. He says that Repertories were the main attempt to classify the homoeopathic symptoms so that they could be used in clinic for fast medical advice, but they have several limitations. First limitation is that symptoms are severed and classified in alphabetical order with no connections in repertory loosing their dynamic expression thus similar symptoms are placed in different chapters and remain unrelated.

Secondly, the symptoms described in pure materia medica are not totally represented on the repertorial rubrics. In this new Thematic repertory, author has tried to overcome weaknesses of repertories. For example in the Thematic repertory, at the forsaken theme, we have a lot of symptoms with the sense of forsaken but they do not present the word forsaken.

This thematic repertory incorporates the collected mood and 12,500 symptoms from

the pure Materia Medica of Hahnemann, Hering, T.F. Allen, H.C. Allen, Jeremy Sherr and from Complete Repertory by Roger van Zandvoort.

These are arranged carefully under nearly 300 themes like ambition, Forsaken, Death, helplessness, Money, Relgioius, Travel, Yielding etc. In this way, all unrelated symptoms present under the same theme and the limitation of the Kentian repertories, Where similar symptoms with different spelling are found to be listed far away of each other is overcome.

4. Robin Murphy's Repertory of Homoeopathic Materia Medica.

It is a reorganised and expanded version of Kent Repertory with Kent and Knerr format. The book is compact, practical and easy to carry like Kent's Repertory. It has sixty seven different chapters arranged alphabetically as compared to 37 in Kents. Rubrics and sub rubrics within each chapter are in alphabetical format similar to those of materia medica leaving our Kent's plan of site, time, modalities, extensions etc. There is complete reorganization of the information with smaller anatomical and functional subdivisions in alphabetical order. It contains 39,000 new rubrics and reliable 20,000 new additions and updates still retaining a small lightweight size for convenience. The grading of drugs is similar to Kent's three grades i.e. Bold, Bold italics and plain type.

Dr. Murphy has updated the language of the repertory in many places for which many new generations of homoeopathic students will thank him many times. For example "Boredom" replaces "ennui", "Crying" replaces "weeping" and "humiliation" replaces "mortification" though the original terms are cross referenced to the terms in updated language.

There is a bold reorganization and expansion of repertorial information with many practical divisions such as the ones having to do with children, pregnancy, emergencies, the environment, dreams, and delusions including use of modern diagnostic terminology as Alzheimer's syndrome, polycystic ovaries etc.

There are plenty cross references and a very useful word index in the back of the book to locate difficult symptoms.

Drawbacks :

It lacks the superscript code references of the authors who have contributed towards addition to Kent. Therefore it is very difficult to know the source of the concerned data as well as remedy.

If we compare three rubrics of Murphy with that of Complete repertory in MacRepertory : "Deceitful", "Defiant" and "Ailments from Reproaches". In "Deceitful" "Lycopodium (2), Opium (3), and Thuja (3) are upgraded in Murphy's Repertory, when compared with the Complete Repertory and Morphinum is added, with the other remedies in the rubric being identical Again because of absence of references one does not know the source of these additions/upgrades.

In "Defiant", Chamomilla (2) and Medorrhinum (1) are added and Tuberculinum is upgraded (3) again the same comments applicable.

In "Ailments from", he has added Anacardium (1), Chamomilla (1), Lycopodium (3) and Natrum muriaticum (2) and upgraded Carcinosin (2), Colocynthis (2), and Staphysagria (3).

There are some rubrics which have been combined from the original Kent Repertory, An example is combination of "egotistical" and "haughty" into one rubric entitled as

"Egotistical haughty." The two words describe two distinct characteristics, as originally perceived by Kent, and belong to two separate rubrics.

5. *Complete Repertory* by Roger van Zandvoort. IRRHIS Publishers Leidschendam, the Netherlands, July 21, 1996.

This is the largest, most complete, and most accurate repertory in the history of homoeopathy. It comes in three volumes Mind, Vertigo through speech and Voice and Respiration through Generalities and an all-in-one volume (2,830 pages). Using Kent's Repertory as the core, Van Zandvoort poured in the contents of every reliable repertory he could put his hands on, including the unique personal repertories of Pierre Schmidt and Von Boenninghausen.

Sources of Complete Repertory :

- First, third, and Sixth American editions of Kents Repertory.
- Homoeopathic journals.
- Schmidt's and Chand's Final general repertory.
- Kunzli's Repertorium Generale.
- Sivaramans' Additions and Corrections to Kent's Repertory.
- Boger's Additions to Kent's Repertory.
- CCRH's Corrections to Boenninghausen's Repertory.

Information and cross references have been added from Pierre Schmidt, Kent repertories and Boenninghausen's Repertory, Boericke's Repertory and the most useful part of Phatak's Repertory have been completely incorporated using Reference works for cross checking the material with their source.

There has been a lot of planning in the sectional organisation of the repertory. The mind symptoms have been systematically classified and indexed so that the right rubric

or remedy can be found easily. Noises in several sections have been brought together under the main rubric "Noises" (like in abdomen, grubling, quacking etc.).

He has changed previously confusing abbreviations to more easily understood versions mostly in the mineral and acid remedies.

Many occurrences of synonyms have been simplified using the most common word for their specific meaning. Most important word in many rubrics have been moved to be read first; i.e., during urination is changed to urination, during the terminology in some cases has been modernized and clarified e.g. miscarriage has been replaced with abortion and micrurition by urination.

Some important changes :

One example of a rubric in Mind Section : Emotions predominated by intellect (as it appears in synthetic) has been changed to, after confirmation from text to : Emotions - Controlled by intellect, need to be. This phrasing of the rubric gives it exactly the opposite meaning. Whereas the first one indicates that the intellect is so strong that it overwhelms and controls the emotions, the actual meaning indicates that Emotions are so strong that they have to be controlled by intellect. The latter makes sense because the drugs enlisted against the rubric (Caler and Violo) both are known to be highly emotional and hysterical drugs and not intellectual ones as depicted earlier.

The latest edition of Complete repertory also adds another rubric.

Emotions, too strong-which also has the same drugs. This again confirms the corrections.

Some of the new rubrics are; Ability increased, Achieve things desire to, Animal

consciousness, Borrows trouble, Blaming, Charitable, Constructive, Daydreaming, Delicacy feeling of, Dignity, Housekeeping inept for, Independent, Enthusiasm, Teasing, Telepathy, Intellectual.

A number of sub rubrics have been added :

Precocity - religioius, sexual, School, but does not perform to capacity.

Embraces - trees wants to embrace : ozone.

Extravagance - economy for want of, sometimes miserly, works hard.

Consolation refuses for one's own : Nitric acid.

Contemptuous - opponent for, relations for, society.

Disadvantages :

a) Lot of unreliable additions has been made both in terms of drugs and rubrics; e.g. Androctonus and Chocolate are two drugs which are put in almost all rubrics.

b) Lot of cross references, which turn out to be futile.

c) Many small rubrics with single drugs lead the prescribe go astray if given too much importance.

d) It weights almost 10 Kg making it difficult to carry.

6. Synthesis : Repertorium Homoeopathicum Syntheticum by Frederik Schroyens.

Synthesis is the Repertory linked to the Radar project. It is based on the Sixth American edition of Kent's Repertory and contains all its rubrics and remedies. Since 1987, Synthesis has been used as a database for the Radar program in the daily practice of leading homoeopaths. It has been commented upon and thereby improved over and over

again, which gives it an outstanding label of quality. This repertory is the best example of expanded version of Kent's Repertory from 1916 to up to date. It retains the Kent's hierarchical structure, therefore there is no need to learn a new format. It incorporates vast number of corrections and adaptations caused by textual errors, illogical symptoms locations and ambiguous wording found in original e.g. breast is replaced by mammae or chest where appropriate. There are about 235,000 additions from highly respected homoeopathic texts, giving priority to the classical authors - Kent, Hahnemann, Hering, Allen, Clarke, Boericke, Knerr etc.

7. RADAR (Rapid Aid to Drug Aimed Research) for Windows Version 6.

It is one of the best program for window, Macintosh. It uses synthesis 7 which incorporates all the work of synthesis team world wide since June 1993. All the new provings from Jeremy Sherr's *Dynamis* Vol. I, plus many other new provings. There is an accurate information on over 2000 remedies. These are 260,000 additions from 320 different sources as compared to Kent (approx. 1844 pages). Analysis can be personalised as there are several ways of analysing the rubrics which also includes Vithoulkas Expert System.

8. Reference Works :

Professional Version 2.0

Published by David Kent Warkentin and Kent Homoeopathic Associates, November 1995.

It is available for Macs as well as IBM, is a computer programme library of all the main *Materia Medica* (including medicine specific information from modern writers such as Sankaran, Sholten, Zaren, etc.) plus *materia medica* formed from all the main repertories

and *materia medica*, some that come from journals that have not seen the light of day for many a year. It is more than this as it can be directly used to analyse cases.

9. CARA & SIMILIA

Two new softwares with the name of 'CARA' & 'SIMILIA' have been developed in England. 'CARA' is a repertory software which is based on IBM/DOS world and has certain new features of browsing between repertories, making a combined search between repertories, tells about properties of drugs, expert system for analysis. It also helps user to add new rubrics and one can create his own repertory. CARA provides the Kent Repertory, Synthetic Repertory, Boericke's Repertory, Phatak's Repertory, Boericke's *Materia Medica*, Phatak's *Materia Medica*, Kent's Lectures and Allen's Keynotes all as standard.

SIMILIA is similar to reference works i.e. to search & browse between different *Materia medicas* and other literature related to therapeutics.

10. HOMPATH

This software is developed in India by Jawahar Shah and is being improved in speed and features from DOS to Window version. Hompath Classic Ver. 7.0 runs on Mac and PC's incorporates more than 250 books including the Complete Repertory by Roger Van Zandvoort. Hompath Ozone contains 3 books including Kent's and Boericke's Repertory. *Materia Medica Live* runs on PC's and Mac has multimedia presentation CD for 22 remedies.

11. HRS

Homoeopathic Repertorization System is a simple program of Kent's Repertory and Allen's Key Notes & Hering's Guiding Symptoms.



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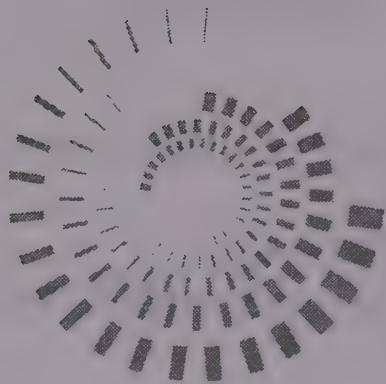
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